DOCUMENT RESUME

ED 318 963 CG 022 510

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TITLE	Focusing on Appropriate Interventions for At-Risk Children with Professional Staff after the Multidisciplinary Team Process.
PUB DATE	Sep 89
NOTE	173p.; Ed.D. Practicum, Nova University.
PUB TYPE	Dissertations/Theses - Practicum Papers (043) -- Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	Decision Making; Elementary Education; Evaluation; *High Risk Students; *Interdisciplinary Approach; *Intervention; Professional Personnel; Program Effectiveness

ABSTRACT

This practicum was designed to provide a systematic follow-up procedure to assure appropriate intervention and education to children considered to be at risk of failure in school after the multidisciplinary or student assistance team evaluation process in an elementary school. The second aim was to heighten the awareness of teachers and pupil personnel socialization process, and the importance of relationships. Multidisciplinary team and student assistance team decisions were reviewed. The need to introduce a follow-up procedure to provide intervention strategies to children who continued to be at risk of failure after multidisciplinary or student assistance team meeting was determined. A group decision-making process was used to prioritize interventions the group felt were needed based upon their understanding of the child's academic and social behavior and their hunches about the needs that still existed. In conjunction with this, the professional staff was provided with periodic bulletins which focused upon children's thinking, play, psychosocial, and social development. The results of the practicum indicated that only part of one objective was met. Professional staff involved in the intervention decision-making process found it better than the multidisciplinary team process only in problem identification, and essentially the same as the multidisciplinary team process as a decision-making process and in the quality of the interventions. The interventions attempted, the satisfaction toward goal attainment, and the quality of the interventions provided were within the range indicating satisfactory progress but not good progress. (Author/ABL)

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PRACTICUM REPORT

Center for the
Advancement of Education
Ed.D. Program

Focusing on Appropriate Interventions for At-Risk Children with Professional Staff after the Multidisciplinary Team Process

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NOVA UNIVERSITY

Focusing on Appropriate Interventions for At-Risk Children with Professional Staff after the Multidisciplinary Team Process

by

Thomas C. Jackson

Cluster 24

A Practicum II Report Presented to the Ed.D. Program
in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1989

PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by Thomas C. Jackson under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

September 20, 1989
Date of Final
Approval of Report

Polly Peterson, PhD.
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ACKNOWLEDGMENTS

The writer would like to acknowledge and thank two special gifted and nurturing care givers who have nurtured and enriched my life and that of my children - my mother, and Sheri, my wife.

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ABSTRACT

Focusing on Appropriate Interventions for At-Risk Children with Professional Staff after the Multidisciplinary Team Process. Jackson, Thomas C., 1989 Practicum Report, Nova University, Ed.D Program in Early and Middle Childhood. Descriptors: School Psychologist/Child Development/Elementary Education/Group Methods/Participative Decision-making/Special Education/High Risk Persons

This practicum was designed to provide a systematic follow-up procedure to assure appropriate intervention and education to children considered to be at risk of failure in school after the multidisciplinary or student assistance team evaluation process. The second aim was to heighten the awareness of teachers and pupil personnel service workers of children's thinking and play, the socialization process, and the importance of relationships.

The writer reviewed multidisciplinary team and student assistance team decisions and determined the need to introduce a follow-up procedure to provide intervention strategies to children who continued to be at risk of failure after the multidisciplinary or student assistance team meeting. A group decision-making process was used to prioritize interventions the group felt were needed based upon their understanding of the child's academic and social behavior and their hunches about the needs that still existed. In conjunction with this, the professional staff was provided with periodic bulletins which focused upon children's thinking, play, psychosocial, and social development.

The successful implementation of interventions attempted was slightly below the criterion sought. The results of the practicum indicated that only part of one objective was met. Analysis of the data showed that the professional staff involved in the intervention decision-making process found it better than the multidisciplinary team process only in problem identification, and essentially the same as the multidisciplinary team process as a decision-making process and in the quality of the interventions. The interventions attempted, the satisfaction toward goal attainment, and the quality of the interventions provided were within the range indicating satisfactory progress but not good progress. The professional staff rated the Focus Bulletins so that the mean fell between the categories of somewhat helpful to helpful, but below the criterion category of very helpful.

CHAPTER I

INTRODUCTION

Description of Community

The school district in which the practicum took place is a public school district in an urban/rural area. The school district has a population of 45,000 within the corporate city limits and surrounding townships from which the students are drawn. The population consists of Caucasian, Southeast Asian, and Native Americans. The Southeast Asian and Native American populations are minority populations. The socio-economic make-up of the community is essentially middle class. Within the school district boundaries there is a two-year campus of the University System, a technical college, a large insurance company, and a mix of light manufacturing, paper-making, agricultural-related businesses, and farming.

Writer's Work Setting and Role

The school district is committed to serving all students regardless of race, color, national origin, handicap, or sex. The school district has 13 elementary schools, 1 middle school, 2 high schools, and a life skills center. The school district's student population is 7,813, with 4,272 served at the elementary level; 1,008 at the middle school; 2,533 at the high schools; and 13 at the life skills center. Of the total population, 473 are

Southeast Asian, and 47 are Native American.

The socio-economic make-up of the school district covers a complete spectrum. The students come from areas within the community with huge homes that were built by lumber barons during the turn of the century to housing constructed for low-income families. Parents' occupational functioning ranges from highly trained academic and technical professionals to unskilled laborers and discouraged workers.

The school district is part of the state's public education system. The state has a Department of Public Instruction that provides mandates, rules, guidance, and standards for the school district to follow. However, the school district is guided by policy determined locally by the local school board. The Board of Education establishes policies and approves curriculum which are administered by: the Superintendent, Assistant Superintendents for Instruction and Business Services and their directors, a Director of Research, and a Director of Pupil Personnel Services. Within Pupil Personnel Services there are Directors of Social Work Services, Speech/Language Services, Counseling Services, and Psychological Services. In the Department of Psychological Services there are five and one-half school psychologist positions serving a population of 15,000 students whose ages range from 0 through 20. Two of the psychologists serve both public and parochial elementary schools and public high schools; one of the psychologists serves public and parochial elementary schools and a life skills center (which serves a population of moderately to severely handicapped students); another psychologist serves one elementary school, a middle school, and parochial junior and senior high schools; another psychologist serves half-time working with preschool children (age 3 through kindergarten); and one position is 50% serving three public elementary schools and parochial elementary schools on a referral basis and 50% administration. The specific school in which the practicum took place is the largest of the three schools served by the school psychologist with administrative responsibilities. The school is the fourth largest of the school district's thirteen elementary schools. The student population consists of students who are 79 percent Caucasian and 21 percent Southeast Asian or Native American. The socio-economic status of the families within the attendance area reflects the community spectrum, but with a somewhat higher number of minority students than ten of the other elementary schools.

The school is staffed with 15.5 regular education teaching positions. There is a full-time kindergarten teacher and a half-time kindergarten teacher, three first grade teachers, three second grade teachers, and two classroom teachers at each grade level third through sixth grades.

The school also has two full positions serving eligible students in a Chapter 1 reading program. There are 1.8 positions serving the bilingual bicultural program. The building is staffed with one and a half exceptional education positions with a full time learning disabilities teacher and a half-time speech and language clinician. Students are served by educational specialists in the areas of art, music, and physical education equaling 1.7 positions.

The pupil personnel service staff consists of a half-time guidance counselor, a school social worker one day a week, and a school psychologist who serves building needs one and one-half days a week on a referral basis.

The practicum writer has a Bachelor's Degree in Psychology, a Master's Degree in Counseling and Behavioral Studies, post-Master's training in School Psychology of 40 credits, and 16 years' experience as a school psychologist, 14 of which have been in the school district in which the practicum took place. The writer has been a supervisor of the school psychology program and coordinator of the learning disabilities program for children in kindergarten through eighth grade during this time. The writer serves on the school district's Children At Risk Committee, the Gifted & Talented Committee, the Health Committee, and chairs the Standardized Test Committee. The writer has been Secretary/Treasurer and President of the regional professional school psychology group, has co-chaired a state convention for school psychologists, and is presently a member of the education task force for the State of Wisconsin Council on Developmental Disabilities.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

Schools have populations of students who struggle in their effort to meet with success. Children enter school with varied genetic, social, and cultural backgrounds with chronological ages which vary at entrance up to fifteen months of age. Once a child starts school, the child encounters a system which is curriculum and time driven. One of the possibilities when these factors impact upon children is that they become children at risk for school failure and at risk for success in life.

In Wisconsin, "children at risk" means children who drop out of school, fail to complete the necessary number of credits to obtain a diploma even though physically present, students who are parents, adjudicated delinquents, or students one or more years behind age-appropriate classmates in their basic skill attainment.

When children fall behind in their endeavors to keep pace with the curriculum, they often become discouraged. When discouraged, these children often seek to relieve their stress, frustration, and anger by behaving in ways that further get in the way of skill acquisition. Students may simply choose to no longer attend school, become disruptive, experience problems in inter and intra-personal relationships, perform delinquent acts, turn to drugs or alcohol, become pregnant, attempt or complete suicide, or simply withdraw from age-appropriate activities.

In Wisconsin, about 14% of the students who enter the ninth grade fail to attain the number of credits necessary to graduate from high school in four years. These students, who either drop out or otherwise fail to complete school, experience the ramifications of this vocationally, socially, and personally. Some of the results of this can be seen in prison populations and families receiving state support for dependent children, as they represent a disproportionate number of people without high school diplomas.

The Department of Public Instruction in Wisconsin estimates that about three-quarters of the prison and Aid to Dependent Children parents have not graduated from high school. Non-completion of secondary education does appear to have significant consequences.

In 1985, in the State of Wisconsin, legislation was passed mandating that each school district with a student population whose drop-out rate exceeds 50 students or 5% of the student population must put in place a process of identifying at-risk students and create programs to deal with those students found to be at risk. The emphasis of the program was generally focused on the student attending high school - age fourteen to eighteen - and any monies, projects, or special activities were targeted at that level to prevent drop-outs or to encourage students to return to school for a thirteenth year.

The Department of Public Instruction, in an effort to establish more uniform standards of educational excellence throughout the state, has generated twenty standards ranging from uniform personnel evaluation to gifted and talented education to at-risk students and has created time lines indicating when certain standards must be met. Although no particular dollars are assigned to many of the standards, in some instances there are monies allocated to assist in deferring the costs incurred from compliance efforts.

The legislative intent was to serve at-risk students to prevent drop-outs. The Department of Public Instruction Standard's intention is to serve students at risk, but the process created to do so emphasizes programs, activities, and processes toward the senior high school end of the educational continuum after failure, frustration, facetiousness, and fatigue have occurred.

The school district's At Risk Committee, in an effort to facilitate an understanding of when accurate identification of children at risk of dropping out of school could be made, investigated the cumulative records of the school district's drop-outs and non-completers. Non-completers were defined as students who stay through their senior year but do not accumulate enough credits to meet graduation requirements. The committee learned that the students likely to drop out of school could generally be identified by third grade. Reading achievement and school attendance were key factors. Students at risk for dropping out of school were behind grade level in reading and were absent from school at a rate significantly above the mean for children their age. Children who failed to obtain enough credits for graduation after grade 12 could not be distinguished until seventh grade.

At-risk students are oftentimes referred to the school district's student assistance teams, or, if an exceptional educational need is suspected, to a multidisciplinary team established by Public Law 94-142 and State Law Chapter 115. However, if they do not fit the criteria of exceptionality, they receive no additional assistance. At-risk children not suspected of having exceptional needs are evaluated, with any changes to help the child left up to the teacher. Frequently, then, these students remain at risk and are often referred to the multidisciplinary team at least twice during the elementary school years and usually three times by the completion of seventh grade.

Briefly stated, the problem addressed in this practicum was the implementation of a post-multidisciplinary team-student assistance team evaluation follow-up procedure to assure the needed intervention and education to reduce the risk of failure in school for children identified as at-risk students.

Problem Documentation

During the course of the 1987-88 academic year, 63 of the school's 390 students were referred to the student assistance team. The student assistance team is comprised of the school principal, school counselor, school social worker, referring teacher, and the school psychologist. Of the 63 students, 31 (or 48%) had been referred on at least one other occasion. If the child is suspected of experiencing an exceptional educational need, then the child is referred to a multidisciplinary team. The student assistance team becomes a multidisciplinary team when a special educator becomes a member. Multidisciplinary teams are child-centered study teams that often focus on factors related to variables which affect efficient school learning often through extensive use of standardized tests and ratings with sometimes limited use of more comprehensive ecological techniques that focus on the total child. The multidisciplinary team is referral-driven by teachers who suspect a possible exceptional educational need, and the goal is to sort out whether or not the child is eligible for services. If the student is evaluated for academic or behavioral reasons apart from suspected exceptional educational needs, then often the evaluation process essentially becomes a data-gathering endeavor.

The students referred to the student assistance team are considered by their teacher or parent as at risk for failure in school. Children are referred for a variety of reasons. A survey of elementary teachers (see Appendix A) in 1986 showed that teachers perceived characteristics within the family, child, or peer relationships to be at the center of being at risk for failure in school. As the child progresses in school the burden shifts heavily to the child himself.

Of the student referrals in 1987-88, little more than one-half, or 52%, were processed by the multidisciplinary team as students having been placed in various special education programs requiring a triennial review as mandated by law. When considering all students referred, 29% of the students were documented or suspected victims of abuse; 39% of the students' parents had been divorced at least once and were living in a single-parent or mixed family environment; 39% of the students displayed emotional or behavioral problems which were not classroom related; 39% experienced classroom behavior problems and were not necessarily the same students who experienced emotional behavioral problems outside of the classroom; 10% of the students had been retained in grade; and 29% had problems relating to peers. Of these students, 23% were diagnosed as having an attention deficit disorder, and 77% experienced significant academic problems in school. All of these students are at risk of not completing or dropping out of school. All have been provided with systematic intervention through Chapter 115 and Public Law 94-142 services. In each case, that intervention was academic in nature, scope, and sequence. The likelihood exists, then, that by the completion of middle school, many of the other 48% of the students will be referred and evaluated three times, suggesting that the first and second intervention, which have essentially only been assessment, had little effect at resolving the referral question. The lack of intervention and educational support for the at-risk child after the multidisciplinary team process seems to be a contributing variable to the problem of failure.

Causative Analysis

The causes for children being at risk for failure in school are many and varied. Two such causes are rooted within society in general and the family specifically and society in general and the institution known as school as well. The school's attempt to deliver services to families and children will be explored.

Throughout history there have been significant societal changes which have affected children. In the United States, the effects of the industrial revolution on the family changed family dynamics from the agrarian life style or the apprenticeship of sons and the teaching of home making skills to daughters or perhaps indentured activities of children of families in a rural environment, to an exodus by families to the cities closer to the employer. Oftentimes whole families were involved in industrial activities until child labor laws mandated and business and civic leaders perceived that it may be best for all if children were educated to a level to be more productive employees in the work place.

The schools created to do this task took on a factory look. The schools, in form and structure, were Prussian in nature, which fit nicely with the philosophy of the day and past practice which emphasized organized sequential work activities regulated by bells, whistles, and goal-directed activities.

Within the society at large, the roles of people continued to become more complex as opportunities and options for more people developed in many spheres and localities. As time passed, women fought for and won greater freedom and had more options outside of the home other than the traditional role-bound activities. The involvement of more women in factories during World War II allowed for greater economic freedom and dispelled many myths about women's capabilities. With their dependence on men and past roles waning, their full potential and desire for careers grew as more opportunities unfolded.

During this time period, for the first time in modern history, women were no longer economically dependent upon men for their livelihood. Part of the dynamics of the post-World War II era unfolded as an opportunity for many men and women to sort through dynamics related to their individual identities and roles within society at large and families in particular.

As individuals have sorted through life options, they have exercised more options affecting individuality. These actions have led to effects upon families and children, which in turn has an effect upon social institutions.

As families have changed in form and structure, society's institutions have taken on more responsibility to provide services to meet the needs of children. The move from a more private charity-based support network to a tax-supported network took place as a result of problems associated with the Great Depression. Tax-supported and government-regulated agencies were put in place to meet the basic needs of families which, when combined with more diversity in opportunities and options, and relative flexibility and openness, enabled individuals within families to become more concerned about self-fulfillment. Thus, people have had a variety of success and failure experiences in the pursuit of personal gratification, and the social continuum still contains the very poor to the very rich, with current demographic trends indicating fewer people in the middle.

As society has changed, families have changed, and as family relationships have become less traditional, and as public policy and prosperity have allowed for a focus on more people within society, laws, rules, and regulations have been promulgated to help ensure that individuals within society have equal opportunities to excel or hopefully participate to the fullest extent possible. Families and children have been assisted by these programs. In education, for example, public schools endeavor to serve all students, regardless of life's circumstances prior to or during public school attendance. To accomplish this difficult task, a variety of programs has been put into place to assist as many students as possible as well as possible. Two such attempts are the legislated programs for children experiencing exceptional educational needs and the legislated and mandated programs to serve students at risk. Sometimes, however, programs are misaligned or narrowly defined, thus excluding students with legitimate needs.

Early in the 1970's, legislation was passed in Wisconsin which guaranteed equal educational opportunities for all children. No child could be discriminated against because of disability or handicapping condition which special educational opportunities had potential to fix. In the mid-1970's, this type of legislation was passed at the national level to secure educational opportunities for all handicapped children. This legislation was passed to help children with obvious educational needs or children who had been excluded because of those disabilities or handicapping conditions which made their education difficult, expensive, or problematic to the schools. Much service, much needed, has provided many opportunities for children who would have gone unserved.

With the regulated mandate to serve children with exceptional educational needs came a process of looking at children through a team approach. A group of people were called together for each child referred to present an in-depth study of what is needed to assure that any potential disabled, handicapped child was not denied an education.

Prior to at-risk legislation and yet simultaneously with its initial investigation, each elementary school in the school district has had functioning a team of pupil personnel service professionals and special educators who meet as a multidisciplinary team to determine whether students may be experiencing exceptional educational needs. If any student referred meets the various placement requirements of exceptionality as defined by Public Law 94-142 or State Law Chapter 115, then the child is eligible for special education services. The validity of placements with this process will not be discussed here, however. If the child is found not to be experiencing exceptional educational needs, then generally a few recommendations are made to the child's parents and teachers, and the child is then to continue his course in regular education, often without any additional support to that student or the teacher who identified a problem at the beginning of the process.

This process is well-articulated, active, and involved with many children each year. Often within this district, ten to fifteen percent of a school population may be processed through these teams to determine whether these children may be experiencing an exceptional educational need. Those who are not found to have such needs (gray area students) do not fit into any legally recognized category of special education and yet are at risk of failure in school. So, even if a child has a disability, that disability may not be severe enough to warrant intervention. Therefore, no extra assistance may be forthcoming. Or, sometimes a child may have a disability and a handicapping condition, but the needs may be such that it is postulated that special education will do no good.

The lack of intervention after the multidisciplinary team process is an action which contributes significantly to children remaining at risk of failure in school. The referring teacher has identified a concern regarding a student and is asked to stand alone in implementing any interventions or educational strategy without the support of the pupil personnel professionals. Often it is the individual teacher who must try to prevail in voicing concerns for children, armed only with hunches, observations, and experience against standing members of the multidisciplinary team process armed with standardized test batteries and other specialized techniques. The information which has been gathered by the team is often not systematically used after the evaluation process.

These at-risk children are becoming known in Wisconsin as "gray area" children who do not fit categorical definitions for special education and yet struggle in regular education, often becoming at risk of dropping out of school. Usually the resources to assist the student are meager as help awaits him six to eight years down the line and may offer too little too late.

If, then, a child is a "gray area" student, then this child's needs are to be met within regular education. The student assistance team then moves on to other children. The only opportunity for ongoing intervention apart from the regular education teacher is if one of the pupil nnel personnel professionals can schedule sessions with the child. This is often a hit-and-miss proposition because of commitments to the multidisciplinary team process on the front end of the referral procedure.

With the complex changes in society, family, and school interrelating, schools have only recently begun to focus on at-risk children who fall within the gray areas. So far, it seems, the burden for being at risk of failure in school weighs heavily upon the family and the student himself. There is little evidence that the teachers surveyed in 1986 perceived that the curriculum presented to children should be more developmentally appropriate.

Generally, children at risk of failure do not perform at grade level; are often found to be experiencing difficulty with peers in and out of the classroom; may be products of families that have experienced divorce or are currently living with a single parent or a blended family; have personal and social problems manifested in school by school avoidance or aggression; and present management problems to their parents and teachers and other school officials.

These at-risk students then are not far enough behind academically to receive extra help outside of regular education. They are not old enough to take advantage of funds that have been provided for programs at the high school level. These students manifest behavior that may be aggressive to withdrawn in nature but not to the degree or extent necessary for special education programming. So the end result has been that the stage is set at the preschool, elementary, and middle school for the school psychologist to become involved in a series of mini vignettes, usually surrounding similar circumstances with the same children with problems as of yet unresolved.

Many children, then, with developmental or situational factors affecting their emotional, social, or psychosocial development are not helped. With the few resources to draw from to assist them in doing better in school, these children have been allowed to fail and suffer the grim consequences of such failure.

A wide spectrum of complex variables can affect how children perform in school. Many of the issues of early and middle-aged children that affect their functioning in school are related to factors outside the school which have led to aggression and poor social skills, both manifested in the areas of attention-getting behavior, passive resistance, oppositional behavior, non-compliance, poor peer relationships, lack of motivation, and drug use. Sometimes the academic curriculum may be presented in instructional settings or at times when children are unable to take advantage of the instruction. Family structures, adult models, and marital health often are variables, as well as adults displaying aggressive behavior in an effort to gain compliance with children who display inappropriate behavior. Complex social interactions between complex human beings in complex societies may need complex solutions.

Review of Related Literature

Children entering school are potentially at risk for failure for a myriad of complicated reasons. Elkind (1987) stated that children are put at risk for no purpose when they begin their formal schooling and are presented curriculum materials that are at a level with which the child cannot effectively deal. Elkind believes that parents put too much pressure on schools to begin academic tasks early, because a number of students entering school are beginning to deal with tasks such as reading. This, it appears, is not true for all children, however, in that it is highly dependent on the amount and degree of work that has been done with the students in preschool or by their parents. Thus there is a wide range of readiness levels within kindergarten because many children have not practiced school-type skills. These children then are often asked to become involved in academic tasks at a level which may lead to failure or frustration. When education is perceived as a race, then students are often put at risk for no reason, according to Elkind, because if they were presented with a school curriculum which was developmentally designed, children would begin academic tasks in a way that most children would meet with success. Elkind believes that what often happens in an academic environment is that not enough attention is paid to what it is the child has to learn in order to progress educationally. Rather, the focus in school becomes the imposed instruction, which is teacher centered and led, and thus puts children at risk because teacher-centered types of instruction may not provide many children with the opportunity of a more experientially-based process which children have done quite naturally from birth on.

Gardner (1983) suggests that schools focus heavily on curricular experiences which require the child to have strengths in the areas of linguistic and logical mathematical intelligences. Gardner believes that a post-industrial society needs children with strengths in these areas. However, not all children will have strengths in these areas. While schools tend to reward children with strengths in these areas, Gardner states that there are other distinct intelligences in the areas of spatial intelligence, musical intelligence, bodily-kinesthetic intelligence, intra-personal intelligence, and inter-personal intelligence, which, if identified and nourished by school experiences, could provide for enriched lives and more opportunities for children to contribute to society in areas of their strengths. Perhaps if this were to happen, there would be fewer children considered at risk of failure in school.

Elkind (1987) believes that the image of the child in the 1980's is that of the child as competent. If the child is perceived as competent, then it is easy for educators and parents not to understand that their youngsters may be at risk of failure in school because the instruction provided to them at the preschool level and elementary school level should be such that with the child's competence they will quite readily master what is presented to them and progress educationally.

Too frequently, however, this does not happen. When youngsters are at risk of failure in school, they eventually are referred to a school psychologist. Barclay (1983) suggests that from the beginning of the era in school psychology, the focus that has taken place has been on crisis rather than prevention. Barclay believes that now is the time to take advantage of wise planning, using the technology available to begin preventive actions within the schools by school psychologists. Pryzwanski and Rzepski (1983) suggest that the multidisciplinary team is the place for an expanded and preventative role for the school psychologist to begin. They believe that Public Law 94-142 presents a perfect opportunity for school psychologists to set aside time for brainstorming with classroom teachers and for a proactive preventative emphasis which would broaden consultative roles and allow for more prudent use of assessment strategies within the school. They suggest the school psychologist, acting as a change agent in working with teachers through teaming, would have a more important impact on the lives of children at school, thus eliminating the failure which typically has led children to the school psychologist through the referral process. Preventative services to children could reduce the pain of failure for at-risk children.

Ingraham (1985) suggests that school psychologists must intervene early before children begin using maladaptive behavior within their school experience. Ingraham believes that intervention with at-risk students is a viable goal for the school psychology program. He states that the critical time period for children within the school environment is generally grades three through ten. These are indeed critical time periods for children, and the school district's At Risk Committee has been able to identify children at risk of failure as early as third grade.

Shinn (1986) believes that the traditional classification system that has been created through Chapter 115 and Public Law 94-142 has become the focal point of the process rather than the child. Shinn is concerned that the majority of the school psychologists become extensively involved with classification activities and are involved very little with the kinds of consultation, training, and inservice programs that are necessary to secure alternative kinds of activities for children. Shinn believes that the school psychologist should become more involved with the process of how well children are served rather than how well they are classified. Pfeiffer and Tittler (1983) suggest that the multidisciplinary team, in its focus on the child as the object of the study, misses the target. They believe that children should have the opportunity to go through the multidisciplinary team process where the team is in fact not separating the child from the context of the family. They state that a family systems orientation should be a part of what the multidisciplinary team does and that this approach would have an effect of understanding the child within the context of the family and parenting and understanding more clearly the parents as the child's first teachers. The effects that the family has on the child and the effects that the teacher's perception of the child has on the family would be more clearly communicated. In special educational programs children are labeled. Although it often becomes quite comfortable for school officials to use labels, these labels change the perception of the child within the family. Pfeiffer and Tittler argue that a family systems orientation of the multidisciplinary team would allow for earlier home contact, would set the stage for a more preventative atmosphere through information gathering, and allow families to become sensitized to the process of the home-school partnership. They argue that if the schools work more closely with the families, the youngsters would be less at risk once the youngsters became involved in the academic environment.

If, then, the school's multidisciplinary team, or student assistance team, were to become more involved in understanding the child prior to the child's coming to school and become involved in a more intimate relationship with the family, two questions may be: What are some of the factors that affect the child prior to entering school, and what are some of the beliefs that parents have about their children's ability and how they learn and develop? What are some of the factors that affect the lives of children prior to entering school that may put the child at risk of successful completion of school before the child ever registers for preschool or four-year-old kindergarten?

Miller (1988), in a review of the literature, says that parents' perception of children and their belief system affects how children develop. In reporting a study that he did and referring to work done by Sigel, et al., ETS study and others, Miller emphasizes that kids develop best when parents hold accurate perceptions about their child's ability. There were indications within the reported literature that parents do have spontaneous beliefs about children's abilities and the way they develop and that generally, most parents have an interractionist view as well as a constructiveness view of children. Generally, the more correct responses the parents could label identifying their child as capable of doing, the more the child was able to successfully interact with the environment. Miller related, however, that one tendency that parents, teachers, and others tend to have is to over-estimate children's cognitive capabilities. Generally, parents' perception of children's abilities past the age of infancy shows a tendency to over-estimate their child's ability when Piagetian concepts are involved. Parents tend to be accurate at estimating their child's intellectual level, but more often than not, more times than not, parents and teachers had a tendency to over-estimate the cognitive ability of children during middle childhood.

Goodnow (1988) states that the belief system of parents is indeed complex and difficult to measure and understand. Miller (1988) suggests that the more children parents have, the more likely they are to focus on the child as being the same or different from other children within the family, and they seem to have a better idea of how their child functions within the environment. Parents' belief systems seemed to vary according to their socio-economic status. Parents from higher socio-economic status groups tended to have a better idea of more positive interactive parent behaviors that would benefit children. Parents in lower socio-economic status groups relied more on upbringing remembrances and tended not to augment their less formal information than parents in the higher socio-economic status group. Higher socio-economic status parents gathered their information from family upbringing sources as well as information from articles, books, and other supplementary information.

If parents' belief systems are affected by their socio-economic status and their perceptions and interactions with their children are affected based upon their belief systems, then what would be the most effective ways for interacting with children in a preventative model as Barclay (1983), Pfeiffer and Tittler (1983), and Pryzwanski and Rzepski (1983) suggest? What other factors should the student assistance team be aware of that may put the child at risk when entering school? Some of the variables that the student assistance team needs to be aware of fall within the realm of how the family is constituted, the attachment of the youngster to the parents, the mental health of the parents, and how the child has socialized within the environment and how this socialization will affect performance in school.

Radke and Yarrow (1987) found that if parents were depressed, it affected how they related to their children. Mothers who were diagnosed as depressed tended to exhibit a higher number of affect-mixed messages to children.

Generally they appeared to provide children with tense physical contact for long periods of time, and their behavior toward their children showed a great deal of variability in their interactions with their children. Radke and Yarrow suggest that as many as 15 to 20 percent of the adults in the population are depressed, and the possibility exists that if those adults have children, mixed messages are being sent to children. Also, these mothers tend to send more negative messages to their children, provide more non-speaking time when interacting with their children, have difficulty controlling their children, and react strongly to rather routine misbehaviors of children. Bettes (1988), in a study of 36 depressed mothers, found that these mothers had a tendency not to modify their behavior when interacting with their infant. They seemed to be slower to respond to the sounds that the infant made and did not exaggerate intonations as parents often do when interacting with children who do not have language. Bettes says that normal verbal responses with three-month old infants must take place within one second of the verbal interaction of the infant. Depressed mothers tended to take two to four seconds before providing their children with intonation, cues, or verbal interactions.

Vaughn, et al. (1988) suggested that harmony between mother and father has a positive effect upon boys' intellectual functioning. Girls perceived to be under-controlled at a preschool level were found, however, to be functioning in a very healthy manner in late adolescence. According to Vaughn, et al., under-controlled means interacting within the environment in a very loosely-structured, active, interactive, aggressive mode. In their research, boys who were generally under-controlled as preschoolers were seen as aggressive at various other times when their behavior was measured. Boys in families, however, where there was a high degree of harmony between mother's and father's perceptions of child rearing, seemed to perform better intellectually and were competent at controlling their impulses. Russell and Russell (1985) studied six and seven year old children to determine the difference in parenting styles between mothers and fathers. They found that mothers generally interacted more with their children and were more directly involved in the care giving than were the fathers, whose interaction tended to revolve around play. Mothers, it appears, were not as responsive as fathers were to children, and fathers appeared not to be as negativistic or restrictive when interacting with children, although they did tend to interact less with the children than the mother. Fathers seemed to be more involved with idiosyncratic play, and play with the children was generally physical play, except when children were older. Then, when there was play, it was verbal play. Russell and Russell found that fathers did not interact more with sons than with daughters and were not spear-heads for competitive activity. Fathers seemed to display more physical attention, warmth, and play activity with children than did their mothers. The mothers were perceived to be more direct, provided children with more information than fathers did, provided more care giving, were more sensitive to children's needs, and seemed to be more responsible for family management than were fathers. In general, their work supported earlier attachment studies that there were few differences between the affect relationships between mothers and fathers in spite of the time spent with their children, and there was no indication that fathers were involved more in the socialization of their sons rather than their daughters.

If the quality of attachment and the mental health of the parent can affect children in ways that may interfere with positive growth and development, and if the harmony between parents' perceptions of child rearing, and interactions of mothers and fathers when rearing children together have importance in relationships, what then is the effect on youngsters living in families where non-traditional families are the norm? Guidubaldi and Perry (1985) and Guidubaldi, et al. (1986) suggest that divorce can have significant effects on the lives of children, particularly boys. These effects are found in the areas of academic achievement in school and mental health. Guidubaldi and Perry, in their follow-up research to the NASP Kent State Research Study, found that children of divorce showed higher dependency behaviors, tended to talk irrelevantly more often, had a tendency to blame others, were inattentive, and tended to withdraw from situations. Boys from divorced homes generally performed more poorly than other boys and obtained lower locus of control scores, experienced more contact with friends than boys in the control group, seemed to give less effort to school work, and exhibited more behavior problems than control boys. Girls, it appears, seemed to have better adjustment than boys to divorce. Generally, the socio-economic status of the family was important to girls' adjustment, and girls were rated as having intellectually more dependency, inattention, and behavior problems than the girls in the control group. Generally these children seemed to have less social confidence.

Guidubaldi and Perry (1985) say that boys are more vulnerable to the stress of divorce, and a boy's situation was typically that he must live with the parent of the opposite sex. They feel that this may affect their development. It appears that custodial parents may be providing more emotional support for girls than boys, and it appears that post-divorce positive family relationships and cooperation between the divorced parents is important to the adjustment of the children.

The child-rearing style of the parents seems to affect how children function. According to Guidubaldi, et al. (1986), authoritarian child-rearing styles led to children operating in the classroom who appeared to be intellectually more dependent, seemed to have failure, anxiety, negative feelings, would withdraw, blame others, have a difficult time attending, and seemed to generally perform more poorly in the areas of academic achievement. Again, the effects were more severe on boys than girls. When parents used authoritative child-rearing strategies, there appeared to be mixed results. There appeared to be no difference with first-grade boys, and with third-grade boys it was found that authoritative parenting styles led to more peer popularity and an external locus of control. By the fifth grade, boys from this parenting style seemed to have fewer problems initially in adjusting to divorce. Girls also seemed to benefit from this style of child rearing, but tended to have poorer relationships with their fathers by fifth grade.

Permissive child-rearing styles predicted more social over-involvement, inattention, worrying, and adjustment problems for boys. However, these factors did not seem to affect girls as much as boys. It appears that the parenting style in post-divorce situations has an effect on how well a child will function after a divorce takes place. Guidubaldi, et al.'s (1986) findings suggest that it is important that parents be alerted to the most relevant child-rearing style to assist their children in post-divorce environments. Goldman and King (1985) suggest that children ages three and four tend to become more aggressive in their behavior following a divorce. They suggest that this type of behavior should be expected in that they take an egocentric perspective of the divorce. Generally children between seven and eight tend to be split in their emotional feelings toward their parents and the loyalty they should feel toward them, and they seem to feel extremely sad. Nine and ten year old children generally are found to be experiencing feelings of helplessness, loneliness, and conflicting loyalties. Goldman and King suggest individual interventions with these children based upon the age of the child and the child's developmental levels. Generally, they feel that interventions with preschoolers should take place by the parents with the goal being stability. They suggest that elementary-aged children generally have difficulty discussing their feelings surrounding divorce, and they believe that if the therapist speaks of other children who have been in that situation, the children feel more comfortable. They suggest further that older elementary children and adolescents turn to somebody for support and get professional counseling and assistance with someone who can hear and understand their problems and concerns, and who can advocate for them personally. Whether the assistance is professional or not, some type of support network should be set up for children of divorce for two to three years following the divorce so that equilibrium may be established for them.

Steinberg (1987) conducted research with children in grades 5, 6, 8 and 9 for the purposes of determining whether single parent homes were homes where more deviant behavior could be expected from the children than children in intact homes. The study was conducted in such a way as to determine whether extended families or step families could provide as much structure, which would lead to less deviant behavior. The results suggested that children living with natural parents were less susceptible to peer pressure. Boys appeared to be more susceptible in single parent families and step families. Girls in step families seemed to fall somewhere between step families and single parent families in the amount of deviant behavior, but they did not perform as well as children living with natural parents. Eighth grade boys were found to be more susceptible to exhibiting deviant behaviors whether they lived in a single parent family or step family. There appeared to be fewer deviant behaviors for children living in intact families. Sixth graders appeared to be less susceptible if they came from two-parent families, and additional adults in the house did not affect the rates of deviancy. Steinberg's results did not support the notion that the more adults that live in a home, the greater the control of children. His results suggested that children living in step families are equally at risk for deviant behaviors as their peers who live in single parent families.

It appears, then, that children who are the products of non-traditional families may exhibit difficulties which make them at risk of failure in school. It is appropriate then to look now at what has been reported in the literature related to the quality of interaction that takes place in a family to determine whether children may be at risk where divorce or non-traditional families are not the focal point of the study.

Cassidy (1988), in a longitudinal study follow-up of 6 year old white middle-class children, suggests that there is a modest correlation between attachment at infancy and the positive perception of self. Cassidy postulates that this may carry over for a lifetime. Jacobson and Wiley (1986) suggest that the attachment pattern of young children seems to have little effect on peer interactions. However, securely attached children were observed to spend more time in novelty play settings and appeared to be more curious, confident, and resourceful. Ambivalently attached children were more likely to exhibit disruptive responses to social interactions. Are children such as these more likely to be at risk for failure when they enter school?

The socialization process begins very early in infancy. Tronick (1989) suggests that children as young as three months of age can experience lasting effects of care-giver interaction. At two months of age the human infant can distinguish between people and objects, and at ten weeks of age infants react to their mother's facial and vocal displays of anger. By ten months of age, infants can read their mother's non-verbal facial behavior and adjust their behavior based upon the mother's facial expressions.

Pettit, Dodge, and Brown (1988), in studying the quality of family relationships, found a relationship between deviant maternal values and children's social competence. In studying socially-rejected children, they found that these children had more difficulty processing social information compared to children who had been adjudged popular by peers. These children tended to display more aggressive behavior, which may have inhibited their ability to practice problem-solving behaviors, thus gaining confidence needed for more appropriate social interaction. These results may not be able to be generalized to the population at large; however, the families studied contained a large number of children and/or parents who had been abused, but the results do suggest that the quality of a child's early family experience appears important to the child's social competence.

Damon (1988) suggests that children perceive kindness to another child as being qualitatively different than kindness to an adult. Kindness to a peer means that they are acting pro-socially to help the peer. Kindness toward an adult is expressed in a more subservient way of cooperating. If children experience difficulty in relating to other children in treating them with kindness, then oftentimes behavior which is perceived as aggressive may instill in children around the aggressive child a feeling of dislike toward that child. Hartup (1989) suggests that with the feeling of being disliked comes more aggressive and antisocial behavior. This in turn causes children more difficulty in socializing. Ultimately, as the field of potential associates and friends narrows, this results in children who are disliked tending to congregate together.

Hartup (1989) perceives that one of the reasons children have difficulty in establishing appropriate social interactions is that oftentimes, if a child has a temperament that makes the child difficult to parent, some parents then act rather ineptly as socializing agents. When combined with progressively limited social opportunities for social interaction, these children struggle in their social development.

Crittenden (1985) studied maltreating families and found that generally there was high stress isolation, and it appeared that they did not use resources effectively. He found that maltreating mothers seemed to be in need of greater support, but appeared to avoid help and appeared to not deal reciprocally with others in problem solving. The maltreating families tended to involve themselves in networks, but frequently the contact with others was less than the intact group that was studied. It also appeared that the maltreating families may have provided somewhat of a drain on the resources that they did use. The key factor involved appeared to be in the maltreating mother's approach to relationships, perceptions of power in a communication system, and a communication system which was essentially non-reciprocal and was the type of communication system that used coercion in dealing with others to get needs met. Crittenden suggested that it was important to focus on the mother's understanding of both the development of her own children as well as how they structure their own environment in the home.

Block, et al. (1988) studied boys and girls periodically from age three and four to early adolescence to determine whether they could predict drug abuse in early adolescence. They found that boys and girls at age three and four who appeared under-controlled also appeared to have difficulty with attention, rapid movement, inability to tolerate structure, and made a high number of demands. These youngsters tended to exhibit aggressiveness in first grade, and by early adolescence they tended to seek environments that fit their intellect, personality, motivational, and other personal characteristics, which has often led people to believe that drug involvement was a sociological phenomenon. But this study suggests that as early as ages three and four, the types of behavior children exhibit within homes may be characteristic of children who will abuse drugs at a later age. Girls, however, appeared to be more adaptable to environmental change than boys. Lerner, et al. (1988), in a long-term study of white middle-class children infancy to adolescent, found that the single significant predictor of maladjustment from infancy on appeared to be aggression. Coie and Dodge (1988), in studying first and third grade boys, found that the rejected boys tended to be more aggressive than other children. It appears that teachers qualitatively could identify children who tended to be withdrawn as well as the children who tended to be aggressive. Indeed, a review of the related literature suggests that children do come to school at risk - at risk for mental health and interpersonal difficulties and socialization problems which put them at risk for failure in school. If school officials followed the advice of Pfeifer and Tittler (1983) and used a family systems model to deal in a preventative way with these factors, what kinds of interventions that a school-based program could provide would appear to offer the greatest chance of reducing the risk for children academically?

Rae (1979) used operant conditioning in dealing with groups of parents in an effort to assist them in changing how they related to their at-risk children. Rae found that parents have a tendency to cut corners when using operant techniques and had a tendency to quit if they did not get quick results. There was also a tendency, when results appeared to be good, to quit very soon, before the behavior had a chance to generalize. It appeared as well that some of the parents experienced feelings of guilt once they understood that they could have some bearing on correcting the problem the child had. It appeared that they struggled with the fact that they may have had a hand in creating the problem the child exhibited once they found they could help solve it. Generally, Rae found parent resistance, guilt, and anger. Haffey (1982), in working with working-class parents, created a program using communication skills and another program emphasizing behavioral skills with the goal of changing parent rearing attitudes. It appeared that parents became readily aware of the cause-effect aspect of child rearing, and it appeared that the training program provided greater mutual understanding of children in the communication skills program which did not appear to be existent in the group of parents that was using the behavioral program. The children of the parents involved in the behavioral programs saw their parents as being more consistent; however, neither program seemed to have much of an effect on behavioral change for the children.

Alvy and Rosens (1984) developed programs to train trainers in parent education. They found that there indeed seems to be potential in training parents to deal more effectively with children. They found generally that behavior modification programs seemed to be most consistently effective in training parents. It appeared, however, that there were mixed results that took place in the communication-based systems and it generally appeared unclear whether the training consistently helped. Alvy and Rosens suggest that the issue is extremely complex to study, and that when programs are created for parents, it is important to consider the age and stage of the parent and the child, the child's personality, intelligence, and behavior style, as well as the socio-economic status of the people, ethnicity, marital disharmony, and whether the group that was created is itself effectively able to deal with the structure provided. Miller (1988) says that there is a relationship between how parents believe and how they act toward their children. It appears, according to Miller, that the more sophisticated the belief system of the parent, the more adaptive the parent is in interacting with the child. This is generalized and not specifically related to children. But generally, beliefs about children appear to make a difference in how children function. Miller found that the most accurate mothers in guessing at which intellectual task their children could do, had the most competent children. He found that generally the smaller the discrepancy between the mother's perception and the child's ability to perform, the more competent the child. Miller felt that parents who could create such a high match between their perceptions and their youngster's performance may in fact use language more effectively that a child can understand when they interact with their child. Miller reminds us also that there is presently very little research on how belief systems relate to behavior. If school personnel are going to interact with families in order to assist them in understanding dynamics that would lead to less aggressive behavior in school and other behavioral and social factors which place children at risk, it appears that the education of parents using parent training may not be the only vehicle which might be preventative with some parents. It appears that there is some mixed evidence as to the effectiveness of parent education. How, then, can school personnel effectively interact with families and children in a way that will change circumstances that create the variables that place children at risk?

Valett (1984) created a program to assist parents and teachers to help children better perform at school and at home. The program created revolved around determining the needs of the child, setting goals, establishing rules, planning for results, negotiating cooperation, keeping track of how the child is doing, rewarding when achievement occurred, suffering the consequences of failure, and continually evaluating how much progress was being made. Perhaps this approach in conjunction with the other action by school personnel may reduce the behavior at school which put children at risk of failure in school.

It appears that teachers and other members of the student assistance team need to have a better understanding of children who come to school at risk, as well as educational practices which place children at risk for no purpose. Further, children at risk of failing in school often experience difficulties academically and socially, which lead to problem behaviors in and out of the classroom. The exhibition of poor academic and social skills often causes difficulties for teachers when dealing with these children in the area of classroom management. Also, aggressive behavior with peers often results in isolation, aggression and rejection, indicating a need for a strategy which would provide support, social growth, guidance, goal setting, and follow-up.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Statement of General Goals

Providing a systematic follow-up procedure to assure appropriate intervention and education to children still considered at risk of failure after the multidisciplinary or student assistance team evaluation process was critical. A supportive goal-directed intervention strategy for children at risk of failure in school in conjunction with educators' increased awareness of child development and the importance of relationships in a child's life was important to reducing the failure children experience in school after the multidisciplinary or student assistance team process.

The first goal was to provide a systematic follow-up procedure to the referring teacher and the child referred to the multidisciplinary team or student assistance team. The procedure put in place was child-centered and delivered by teachers or pupil personnel staff members. The interventions identified were accompanied by strategies that were positive and assisted in goal attainment. The process used to secure these interventions was structured to obtain the maximum amount of local expertise in identifying problems which continued after the initial assessment and identifying and prioritizing implementation strategies to be implemented.

The second goal was to provide the necessary intervention to the students identified as at risk of failure in school. This was done within the parameters of professional competence in a school-based delivery model.

The third goal was to provide professional staff members with child development information as well as information on the importance of relationships within a child's life. It was important that a child meet with success in school by functioning in an environment which was nurturing, supportive, and provided educational services commensurate with current skills and abilities and yet exciting and safe enough to allow the child to reach beyond current levels of functioning.

Behavioral Expectations

An analysis of the literature discussed the variety of factors which may affect a child which may then become variables for putting a child at risk of failure in school. Public school professionals need a systematic method of focusing on children at risk of failure in school after the multidisciplinary process. The first two objectives were created as a result of this. The third behavioral objective was created to try to raise the level of awareness of developmental and psychosocial variables which may affect the child's performance. Therefore, the following specific behavioral objectives were stated for this practicum:

1. Over a thirty-two week period of time, teachers will indicate satisfaction with post-evaluation intervention with at-risk children as indicated by an average score of 4 on a 5-point Likert-type scale. Narrative statements on this writer-made questionnaire will support the over-all ranking obtained on the Likert-type scale.
2. Over a thirty-two week period of time, each identified at-risk student will demonstrate improved academic, behavioral, or social performance within school by achieving success on 70% of the applied intervention strategies as documented by case file and case study review.
3. Over a thirty-two week period of time, teachers will indicate an increased awareness of child development and the importance of relationships indicated by an average score of 4 on a 5-point Likert-type scale on a school writer-made questionnaire.

Evaluation Instruments

The level of success of Objective 1 was measured by a writer-made questionnaire using a 5-point Likert-type scale (see Appendix B). The questionnaire consisted of Parts A and B. Part A focused on the selected group process as a decision-making process - the quality of the interventions arrived at, the clarity of the problem identification, and the selected group process compared to the multidisciplinary team process. The rater was asked to rate these variables by assigning a point value of: (1) Poor compared to multidisciplinary team; (2) Not as good as multidisciplinary team; (3) Same as multidisciplinary team; (4) Better than multidisciplinary team; and (5) Superior to multidisciplinary team. Each question on the questionnaire included a place for a narrative statement to be made for additional documentation of the ranking on the Likert-type scale. Part B of the questionnaire focused on the progress toward goal attainment of the intervention with the child, the satisfaction of the professional staff member toward goal attainment of the intervention with the child, and the quality of the intervention for the child compared to past practice. Each question on the questionnaire included a place for a narrative statement to be made for additional documentation of the ranking on the Likert-type scale.

Objective 2 was measured by goal attainment of the intervention strategies that had been applied in assisting the child at-risk of failure. Records kept on each child were investigated to determine whether 70% of the applied intervention strategies met with success. Each case was reviewed to determine the number of interventions decided by the selected group process, the number of interventions attempted that were successfully completed, the number of interventions not attempted to date, the number of partially successful interventions, the number of interventions that did not meet with success, and the number of interventions the need for which was deemed unnecessary as a result of further data gathered.

Objective 3 was measured by a writer-made questionnaire using a 5-point Likert-type scale with narrative comments invited. The purpose of the questionnaire was to determine to what degree the information provided the teachers was helpful. Specific questions regarding the personnel's obtaining a better understanding of children's thinking, the importance of play, the socialization process, psychosocial development, family dynamics, and the importance of relationships to children was sought. The rater was also asked to request topics to be researched and asked for ideas as to how the information could be more useful.

The raters were asked to rate the information provided them against the rating scale of: (1) Did not help/I know most of this; (2) Somewhat helpful/I learned some new things; (3) Helpful/Explained some questions I had; (4) Very helpful/Provided me with new information; and (5) Extremely helpful/I gained new knowledge (see Appendix C).

Mechanisms for Recording Unexpected Events

This project ran over an extended period of time and needed provisions to accommodate unexpected events such as any change in the calendar or other unforeseen obstacles. Because of this, a log was kept to record the progress toward success, failure, and spontaneous activities and events which took place as a result of the project (see Appendix D).

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evolution of Possible Solutions

Students enter school at risk of failure for a vast array of reasons. Each individual's story is unique, but common themes emerge. Boys seem vulnerable to many physiological, sociological, and familial stresses. Girls seem to have a greater fortification to weather adverse circumstances, but again, at certain ages and in various ways, each individual can be every bit as much at risk for school failure as boys. As a culture evolves, it is pushed by a societal behavior that forces change. Contemporary societal reality shrunk to the individual experience within various social institutional units gives rise to the complexities which make children at risk of failure in school.

To seek resolutions to these complex issues, there are many possibilities for school personnel to pursue. Some of these possibilities include teacher inservice education to better understand child development, parent training to better manage child behavior, retention in grade to allow for an academic catch-up, early intervention programs to prevent school problems, curriculum adjustment, emphasis on group and individual counseling, social skills training, intervention, and education which is teacher, child, and situation specific. The possibilities as the causes are numerous. Some of those most probable to meet with success within a school-based model will be discussed.

Sigel (1986) believes that teachers need to be further educated in child development. His position is that if educators would focus more closely on when individual children would most likely meet with success when doing given academic activities, it would have the effect of fine-tuning learning for individuals within the school environment. This goal is not only relevant, but may well be extremely important to the success of children at risk of failure in school.

The likelihood of this happening in this school, however, is greatly reduced for a number of reasons. Fifty percent of the regular education staff have completed their Master's Degrees. To advance on the salary schedule past the Bachelor's Degree, credits must be obtained in a Master's Degree program. If the Master's Degree program does not have child development courses as required or elective course possibilities, then it probably will not be pursued by the teacher. Teachers are free to pursue whatever course they deem appropriate for credits beyond the Master's level, but if child development course work is not perceived of as important by individual teachers, the course will not be taken. This school district advances teachers on the pay scale in a trade for six credit blocks through 36 credits, not by paying for the courses taken. Thus, the school officials have no say in what courses could benefit the institution to better serve children.

Parent training is another avenue to reduce the antecedents leading to children being at risk of failure in school. School officials are powerless to do anything about human relationships which may result in divorce, remarriage, blending families, and other sociological issues; but being an educational institution, it could be perceived to be well within the school's mission to provide educational opportunities to parents to improve parenting skills which would hopefully reduce stress within the family, leaving more of a child's psyche available for instruction while at school. Alvy and Rosens (1984), Haffey (1982), and Rae (1979) present mixed reviews about how effective parent training is. Questions remain about how committed parents are to a multi-presentational process as well as the generalization of what is learned by fathers and mothers when parenting their child. Also, parents often become involved with these programs after beginning to encounter problematic behavior when dealing with their children or have specific questions about specific behaviors about specific children at specific times and tend to lose interest after they perceive these problems to be solved. Parent training, as with education on child development by teachers, may be helpful in dealing with at-risk children, but in and of itself may not be enough.

Retention in grade has been a technique which has been routinely used as a method to assist at-risk children. What has been reported in the literature by Jackson (1975), Holmes and Matthews (1983), and Shepard and Smith (1986) presents clear evidence that retention in grade does not appear viable for significant or long-term academic change, and in fact may be damaging to academic progress, social and emotional growth and may possibly result in negative feelings about school and self.

Early intervention programs may, in many respects, be a most effective strategy in reaching the variables which most affect children at risk of failure in school. Pfeiffer and Tittler (1983) have suggested that the multidisciplinary team or the student assistance team should work more closely with families as a means of early intervention, not only with school-age children but also children not yet of school age. This takes time. Time is a valuable commodity when resources are strained by all of the various duties of all of the various school professionals, many of whom spend time dealing with crisis situations, not preventative activities or planning. To further complicate the matter in Wisconsin, Health and Social Services have been assigned the responsibility under Public Law 99-457 to deliver services to children ages zero to three suspected of being handicapped. Early intervention within the auspice of the public schools prior to age three is not a possibility. However, to better serve at-risk children, a grant has been written and funded so the early childhood education program could have increased school social work and school psychologist time. This does provide for a more concentrated effort at the earliest possible school intervention time and in effect increases staff time available to at-risk children currently enrolled in school by freeing up time the other school psychologists might have spent at the preschool level.

Curriculum adjustment as a focus to assist children at risk of failure was another area considered. Elkind (1987) and others have suggested that as the needs of society change, various attributes are assigned to children. Elkind believes that in society today competence is an attribute being assigned to young children. There is a tendency for parents in this school district to withhold age-appropriate kindergarteners from school and then send them to kindergarten when they are six years old. The result of this is parent-created demands for a more rigorous academic curriculum at the kindergarten level. These variables have a number of ramifications for children who begin school at risk. For example, some children may be age appropriate, but may be the youngest children in class with a fifteen-month age spread. These children may not have had any pre-school experience and therefore may not have the experiential background to successfully complete the academic tasks presented and therefore may experience a loss of self-esteem. As Ingraham (1985) and Elkind (1987) have considered, children may assign responsibility for the lack of success in school to themselves personally in the belief that grown-ups are saying that they should be able to accomplish these tasks. Therefore, because of these circumstances, many of these children who may not have entered school at risk may become children at risk. A readjustment of the curriculum may be needed. However, it was outside the direct scope of this practicum, and as a pivotal point of intervention may do little to serve children already in the system. Therefore, intervention in this area as a solution was ruled out.

Another possible solution considered was individual and small group counseling. This option is a viable and potentially powerful change agent for individuals. In school, however, long-term counseling or therapeutic counseling is often dealt with by mental health professionals in the county. Also, as Adelman and Taylor (1986) point out, children can easily become resistant to counseling and therapy for all kinds of specific defense and protection reasons. Ingraham (1985) suggests that the greater the perceived stress, the more likely the child is at risk of failure in school. Adelman and Taylor, however, state that in instances where children are actively involved with determining their own individual educational plan, they were less likely to be resistant to the plan. They often added good insight into what it was they needed to assist themselves in school. Group and individual counseling as a driving force in dealing with at-risk children was rejected as a possible solution, however, because much counseling in the school is crisis or topic specific in nature or otherwise referred to the community health professional.

Another possible solution considered was social skills training. Selman (1986) has suggested that students, during the socialization process, operate at different skill levels in their ability to solve social interactions. This interpersonal interactional process appears indeed to be an area of difficulty for children considered at risk of failure in school. Children who were referred to the multidisciplinary team on more than one occasion have experienced difficulties with peers and classroom behavior, and have experienced emotional behavioral problems outside the classroom setting. Training in interpersonal negotiation strategies perhaps would assist at-risk students in improved behavioral performance within the school and at home. However, this training in and of itself is hypothesized to provide little intervention in the area of academic failure and would need a supportive structure in which the child could practice with varying audiences such as teachers and parents.

The suggestions of Brion-Meisels (1984) and others focusing on improved discipline within the academic environment may be a technique to improve the social interactions and interpersonal relationships within the classroom. However, this school does not have significant discipline difficulties with children other than children who may have been referred to the student assistance team and are considered at risk of failure in school. Therefore, this approach in and of itself was rejected as a solution strategy.

Description of Selected Solution

Complex problems are rarely solved with simple solutions. Therefore, if children at risk of failure in school were going to be assisted in reducing their risk of academic failure and improve their performance within the school environment, then it was important that appropriate intervention and education take place after the multidisciplinary team assessment. Many aspects presented as possible solutions in and of themselves could have assisted at-risk children in avoiding failure within the academic environment. However, the impact of the school psychologist could best serve children if delivered within the context of the school environment through active interventions with at-risk students based upon the evaluation results gathered plus direct teacher input, which was equally weighted with other professionals in an environment which was supportive, goal directed, pragmatic, and child-centered. School psychologists, within the context of role and function, have an obligation to both intervene and/or educate to meet the individual needs of the students, regardless of the child's physiological or sociological individual circumstances. Therefore, it was necessary that a program be created which would, when implemented, become a standardized approach to dealing with children who, at the completion of a student assistance team or a multidisciplinary team evaluation, were still considered at risk of failure in school. Although the approach was standardized in structure, it allowed for a wide variety of possibilities when focusing on individual children. Thirty-five students in this school were eligible for further intervention and had been identified as being at risk of failure in school according to the State of Wisconsin's legal definition of at risk, or had been referred to a multidisciplinary team or student assistance team at least once with limited meaningful follow-up unless directly related to academic skills. Of the thirty-five students identified as being eligible for further intervention, seven were focused upon who had been through complete multidisciplinary or student assistance team evaluations. The eighth and ninth students involved had been discussed at student assistance team activities but not formally referred. Six of the nine students focused upon were intermediate-level students. Three of the students were primary-level students. The youngest child was referred by the school psychologist. This primary student had been involved with various social service agencies from 15 months to three years, at which time the schools also became involved. The solution strategy was conceptualized to involve all elementary students; however, those children actively involved in the strategy, except for three, were intermediate level children.

School psychologists historically have found time to evaluate students on two or three occasions prior to completion of the seventh-grade year. Therefore, if time were spent by the school psychologist in activities unrelated to diagnostic testing and yet related to follow-up active intervention and educational strategies which emanated from a group process after the multidisciplinary team met, then the time saved through intervention and education should make up for time which would ordinarily be spent in diagnostic assessment. Initial efforts may be difficult, but over time the skills of a school psychologist will be better used.

During the implementation of the solution strategy, the school psychologist was called upon to continue the typical services at the school in which the strategy took place and two other elementary schools. The time spent evaluating at-risk children which averages nearly three times by the end of seventh grade is typically spread out through the first eight years of schooling for the child. Therefore, the focus on at-risk children over an eight-month period of time was difficult, worth-while, and more straining on the school psychologist's resources than initially contemplated.

Those students who had been referred to the student assistance team or the multidisciplinary team in the past four years, including those placed in special education, were considered candidates for the STAR Process. STAR stands for Students At Risk. The STAR Process consisted of professional personnel interaction leading to intervention strategies aimed at changing the variables which placed a student at risk of failure in school. The variables that were dealt with were arrived at through a process which allowed equal input for all professional personnel interested in the child, as well as other invited professional educators with no vested interest in the specific child. The STAR Process members met on a referral basis and convened when necessary at some point in time after a student assistance team or multidisciplinary team concluded its evaluation. The STAR Process members consisted of the pupil personnel services professionals as well as the referring teacher and other professional educators teaching the same educational level. The process that took place at each meeting was specific and was as follows: The STAR Process was conceptualized to involve meetings at three stages of interaction. Stage One was the initial meeting on the child which used a modified version of the Nominal Group Process. Delbecq and Van de Ven (1971) created this process as a structured group process for small group activities on a specific topic. Their research suggests that the quality of fact-finding tasks improves with this method. The key portion of the Nominal Group Process used in the STAR process was the weighted order and method of voting. Critics of the multidisciplinary team process suggest that multidisciplinary team placement decisions are often made to appease the referring teacher. This style of voting was perceived to be a viable means of avoiding the same criticism. The STAR Process began with a focus on the history of the child and the perceived problem. Following this, there was a collection and posting of hunches about what was interfering with the child's education. Then there was a collection and posting of possible interventions which might assist the child. These were then ranked using the Nominal Group Process voting style. Discussion of actions to be taken, progress on interventions, and time lines were set for follow-up.

Stage Two of the STAR Process was to be informational and evaluative in nature. The success of the first intervention was to be evaluated by narrative statement and completion of a questionnaire designed to augment the narrative statement and reflect the mentor's perception of the level of success obtained by the intervention. The possibility of moving to the next prioritized intervention and generation of the strategies necessary to do this was to take place at this time as well. Stage Three of the STAR Process was to be a scheduled meeting indicating that the mentor had met an impasse and needed to have support in establishing a different intervention strategy or a complete new Stage One meeting. In each instance Stage Two and Three of the STAR Process was handled informally by the school psychologist because time became a factor to be managed in the STAR Process.

At the Stage One meeting on a given child, the STAR Process consisted of having the school psychologist act as facilitator. The referring teacher and invited teacher, as well as pupil personnel service workers, attended this meeting which focused on the child. A brief history of the child's background was presented to the group and posted, and a statement of the perceived problem was made by the facilitator or referring teacher and posted. After the history and problem had been stated, the facilitator asked each member to present their hunches as to what was interfering with the child's progress in school. The facilitator or a volunteer recorded their hunches. Participants, at any time in the data-gathering process, were free to pass. After each participant had an opportunity to state their hunches and all passed, the school psychologist as the facilitator then asked each group member to propose one intervention that might assist the child. This process continued on until every group member passed. The group members then were asked individually to rank the interventions from most important to least important using the Nominal Group Process weighted voting. Each group member was handed five 3x5 cards and asked to vote for their top intervention strategy by awarding that intervention five points. They were then asked to assign a point total of one to the intervention they perceived to be least important. The third vote cast was to assign a value of four to the perceived second-most important intervention, and the fourth vote was to assign a weighted value of two to the next least-important intervention. The last vote was to assign a point value of three to the third choice of intervention strategies. If time permitted after the intervention priority was established, the group then had an opportunity to present strategies for the top-ranked intervention. At that time, the most appropriate group member to carry out the intervention strategy was assigned to begin the intervention process. If the STAR Process exceeded one hour or if two or more members had to leave early, then the strategy and action function was handled after the meeting and done informally.

The school in which the practicum took place was carefully picked because of the strong leadership of the principal in fulfilling his role as administrator of the multidisciplinary team which over time became the school district's first student assistance team at the urging of pupil personnel service team members. The STAR Process was conceptualized as an outgrowth of the student assistance team's activities as a natural way to involve teachers and pupil personnel service workers in a primarily non-diagnostic collaborative way of focusing on children after the evaluation process.

During the approval phase of the practicum plan, the principal was offered and accepted a central office position which led to a period of mixed leadership during the entire course of the practicum. The principal in transition gave way partially to the teacher in charge, and the teacher in charge eventually became the acting principal for daily matters, with the principal in transition responsible for supervisory tasks and personal evaluations.

The acting principal took over the multidisciplinary team duties and learned and handled them efficiently, at the same time mentoring the STAR Process which could not have functioned without that support. The STAR Process, however, never evolved into a natural outgrowth of the student assistance team process. Cases did eventually become part of the student assistance team roster, and weekly review was possible; but no STAR Process meetings were held during the regular student assistance team meeting times. On two occasions when it appeared that the process would become a more natural part of the student assistance team, the principal in transition returned to the helm of the student assistance team, with that agenda being served rather than the STAR Process taking place. Stage Two STAR Process meetings then became informal progress checks during the student assistance team meetings or informal meetings with staff at their convenience. Stage One meetings were held after school from as near 3:00 as possible and usually concluded by 4:30.

In conjunction with the STAR Process, professional staff members were provided with "Focus Bulletins". These bulletins focused on child development and relationship building and were designed to heighten the awareness that at-risk children need educational interventions and strategies specifically and developmentally targeted to meet their needs. These bulletins also served as a reminder of the importance the teacher holds in the life of a child. Initially six Focus Bulletins were planned; however, a total of ten were produced (see Appendix E). The first bulletin introduced the series, and the next eight were topic specific. The last bulletin was a summary of what had been covered.

The bulletins were accompanied by an evaluation sheet which had a place for a code name of the teacher which helped to guarantee anonymity for the teacher and yet allowed for a logging of evaluation forms filed. The school secretary agreed to be the neutral party who could assist in encouraging staff members to turn in their evaluations as a means of monitoring the level of readership. As the practicum continued, the secretary became more and more involved with other administrative details usually reserved for the principal. It is not known what effect that role change may have had on the faculty response to turning in the evaluation forms. Some of the faculty would return their evaluations but would not notify the secretary of any code name.

The practicum was carried out as follows: The STAR Process was introduced to the student assistance team prior to a regular weekly student assistance team meeting. The program and the goals of the process were explained and questions answered. The program was then introduced to the faculty by bulletin. This bulletin outlined the practicum and asked for faculty cooperation.

The priority of students involved with the STAR Process was made after nominations from the faculty. Each meeting was scheduled in conjunction with the acting principal and facilitated by the school psychologist. Teachers other than the referring teacher attended the meeting at the request of the acting principal. Who attended was somewhat dictated by the child referred.

Prior to interventions with at-risk students as a result of the STAR Process, parental permission was obtained, and parents and students were informed and involved in the planning and carrying out of strategies to the degree appropriate and needed.

The school psychologist was not only the facilitator and record-keeper, but also acted as a mentor. The school social worker was a prime candidate for interventions which were family or community service based, and the school counselor was a candidate to deliver individual and group counseling services. Academic tutoring was directed toward the professional teaching staff within or outside of the appropriate level or certification. The progress of each child was monitored formally and informally.

CHAPTER V

RESULTS, CONCLUSIONS, RECOMMENDATIONS & DISSEMINATION

Results

Objective One was measured by a writer-made 5-point Likert-type scale (see Appendix B). The specific objective stated, "Over a 32-week period of time teachers will indicate satisfaction with post-evaluation intervention with at-risk children as indicated by an average score of 4 on a 5-point Likert-type scale. Narrative statements on the writer-made questionnaire will support the over-all ranking obtained on the Likert-type scale." This Objective was not met. This objective was measured by a questionnaire divided into two parts. Part A focused on the decision-making process used to determine interventions to be prioritized and implemented on behalf of the child using the multidisciplinary team process as a reference point. Eleven of the fifteen staff members involved in the STAR Process responded to Part A of the questionnaire. The overall rating for the STAR Process was 3.8 out of a possible 5 points. This suggests that the people who participated in the STAR Process and completed and returned the questionnaire rated the process between the statements "same as the multidisciplinary team" and "better than the multidisciplinary team", with a tendency toward "better than the multidisciplinary team".

Question #1, "How would you rate the STAR Process as a decision-making process?" received an average point value of 3.6 out of 5, suggesting a midpoint between "same as the multidisciplinary team" and "better than the multidisciplinary process." One participant commented about the flexibility of the decision-making process. Question #2, "How would you rate the quality of the intervention arrived at?" received an average point value of 3.6 out of 5, suggesting a midpoint between "same as the multidisciplinary team" and "better than the multidisciplinary team process". Participant comments suggested that the process, because it did not have the rules and regulations of Public Law 94-142 and Wisconsin's Chapter 115, offered the opportunity for professional staff to be less process-bound and more child-centered when discussing the child. There were participants who suggested that parents be invited to attend the STAR Process meetings; there were comments suggesting a need for better professional follow through; and a longer time interval was suggested to complete the interventions that were arrived at. Question #3, "How clear was the problem identification?" received a rating of 4.1 out of a possible 5, suggesting that the STAR Process participants found the process to be "better than the multidisciplinary team" in the area of problem identification. This was the only area that met the criterion established for this objective. Question #4, "How would you rate the STAR Process compared to the multidisciplinary team process?" received a score of 3.9 on a 5-point scale, suggesting the tendency toward "better than the multidisciplinary team process". One participant suggested that they preferred the reduced formality of this process compared to the multidisciplinary team process. Question #5, "Please state anything about this process that you would add to make it a more democratic process of decision-making." This question was added to the questionnaire to probe for ideas from the STAR participants. Participant comments suggested the process seemed to be more interactive and allowed for more regular education input. One participant suggested again that parents should become involved in this process, and they liked the method of voting. Another participant suggested that more follow through was needed - that democracy was great, but the people in the trenches need more assistance to help with at-risk youngsters than the STAR Process provided. Another participant was concerned about a tendency for people to want to speed up the interactive prpcess of decision-making and was afraid that this may dilute the quality of the STAR Process.

Part B of the questionnaire was established to focus specifically on progress toward goal attainment, the professionals' satisfaction with the goal attainment for the child, and the quality of the intervention for the child compared to past practice. The data were gathered by interview with the primary people involved with the intervention strategy. The overall rating was 3.1 out of a possible 5 points. This suggests that professional staff implementing the interventions indicated "satisfactory progress". Question #1, "How would you rate the progress toward goal attainment with this child?" received a score of 3.75 on a 5-point scale, suggesting a tendency toward "good progress" over-all, but below the criterion level of 4. It should be noted, however, that goal attainment may be skewed due to the nature of the interventions that were attempted. A number of the interventions were concrete, scheduled happenings that made the rating of 5 quite easy to come by. Furthermore, it appears that intervention strategies that were more complex and focused toward intra or interpersonal or academic growth received lower ratings or were not attempted as of this time. Question #2, "Overall, how would you rate your satisfaction toward goal attainment for this child?" received a score of 2.3 out of 3 points, indicating a tendency toward "satisfactory progress".

There was a more even distribution of ratings on this question, with nearly equal numbers of "goal attained" and "no change". Question #3 stated "How would you rate the quality of the intervention for the child compared to past practice?" This question received a point total of 2.9 out of 5, suggesting a tendency toward "satisfactory progress", compared to past practice. Comments made by professional staff in responding to this question suggested frustration with follow through by parents after they agreed to implementation of daily communication systems such as daily report cards and monitored homework assignments. Parent cooperation with the school contact faded with the passing of time.

Objective Two was measured by goal attainment of the intervention strategies that were applied in an attempt to assist the at-risk child. The specific objective stated, "Over a 32-week period of time, each identified at-risk student will demonstrate improved academic, behavioral, or social performance within school by achieving success on 70% of the applied intervention strategies as documented by case file and case study review". This objective was not met. A total of 61% of the interventions attempted met with success. As a result of the STAR Process, a total of 58 interventions were proposed. Of the 58 proposed, 33, or 57%, of the interventions were attempted.

Eight of the 33 interventions, or 24%, were not successfully completed. Five of the 33 interventions attempted, or 15%, met with partial success. Four of the 58 interventions decided upon during the STAR Process were later negated as a result of information gathering, which is equivalent to 6% of the total interventions arrived at (see Table 1).

		Interventions					
Case	Age	Proposed	Not Attempted to Date	Successful	Partially Successful	Unsuccessful	Not Attempted Due to New Information
1	8	8	3	5			
2	12	10	2	2	1	3	2
3	8	7	2	3		1	1
4	11	6	2	1		3	
5	11	3	1	1	1		
6	10	7	1	1	3	1	1
7	11	4	1	3			
8	6	7	4	3			
9	11	6	5	1			
TOTAL		58	20	21	5	8	4

TABLE 1

Present Status of Proposed Interventions

Although 61% of the interventions were rated as successfully completed, this represents many interventions which were concrete in nature, such as reevaluating for a learning disability, meeting with a parent to confront the parent with the realities of the child's functioning in school, getting the Department of Social Services actively involved with school officials, assigning a mentor to be a special friend, or scheduling a peer tutor. Although each and every one of these interventions were perceived important in each case, those interventions that were accomplished tended to be these types of interventions. Interventions that were not accomplished were in the areas of finding one person for the student to talk with and spend time with in and out of school, teaching of social skills, improving success in school by assuring work completion, building on a child's artistic ability, and counseling for a child more than one hour per week. It appears that interventions that require the expertise of already strained resources did not take place as consistently or often as would be preferred.

Objective Three was measured by a writer-made questionnaire using a 5-point Likert-type scale with provisions provided for narrative comments. The specific objective stated, "Over a 32-week period of time, teachers will indicate an increased awareness of child development and the importance of relationships as indicated by an average score of 4 on a 5-point Likert-type scale on a writer-made questionnaire." This objective was not met. The ratings for this objective were 2.6 on a 5-point scale, which failed to meet the criterion established. The number of professional staff participating in reading the Focus Bulletins provided feedback to a neutral third party. The feedback results suggested that an average of 15 professional staff (of the 24 that were provided Focus Bulletins) read and responded to any given issue. Only one-third of the professional staff provided Focus Bulletins responded to the evaluation form. However, this group may well represent approximately one-half of the readership of any given Focus Bulletin. Because the information regarding which staff members were participating was kept confidential, it is not certain if those who indicated readership were the same people who responded to the evaluation form. In essence the total rating suggested that the Focus Bulletins were "somewhat helpful" to "helpful", providing the readers with "some new information" and perhaps "answering some questions' (see Figure 1).

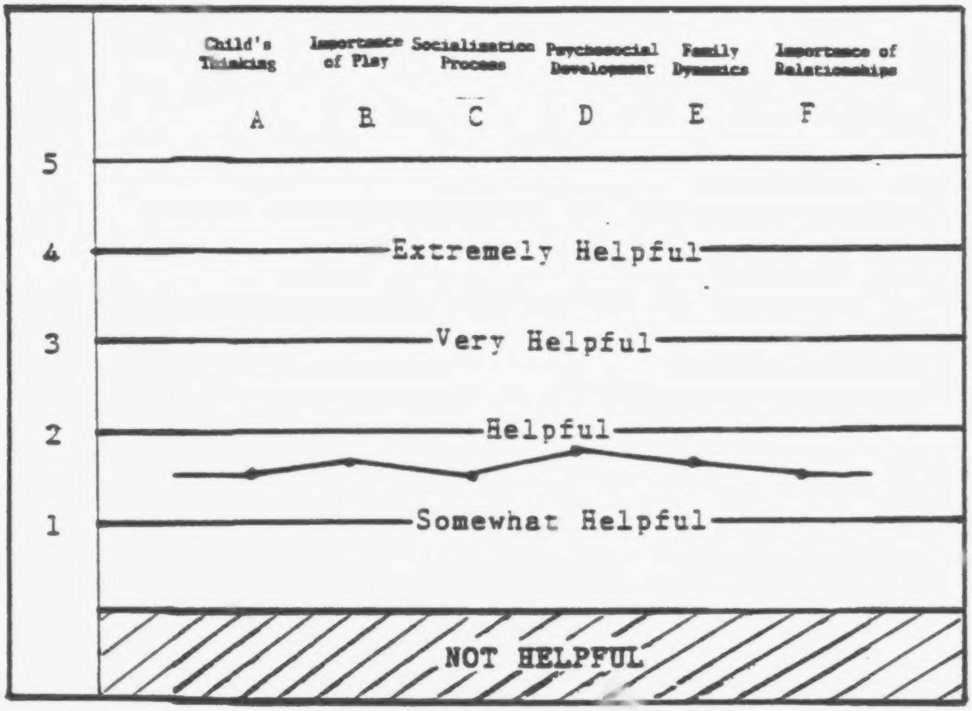

FIGURE 1

Focus Bulletin Rating by Content Area

The specific results obtained begin with Question #1. Question #1, "Did this handout provide information that was new to you?" received a rating of 2.75 on a 5 point scale, suggesting a tendency toward "helpful/explained some questions I had". Question #2, "Did this handout provide you with information that was helpful to you?" had a rating of 2.5 on a 5-point scale, suggesting a midpoint between "somewhat helpful" and "helpful". In the areas of content, Question #3, Part A, "Children's Thinking", the rating was 2.5 of 5 points, suggesting a midpoint between "somewhat helpful" and "helpful". Part B, "The Importance of Play" had a rating of 2.6 out of 5 points, sugggesting that the information was near a midpoint of "somewhat helpful" to "helpful". In Part C, "The Socialization Process", the rating was 2.5 out of 5, suggesting a midpoint between "somewhat helpful" and "helpful". Part D, "Psychosocial Development" had a rating of 2.7 out of 5 possible points, suggesting a midrange between "somewhat helpful" and "helpful". Part E, "Family Dynamics" had a rating of 2.6 out of a possible 5 points, suggesting a midpoint between "somewhat helpful" and "helpful". Part F, "The Importance of Relationships" had a rating of 2.5 out of a possible 5 points, suggesting a rating at a midpoint between "somewhat helpful" and "helpful". The ratings obtained were not near the criterion level of 4, "very helpful/provided me with new information." The invited narrative statements were scarce. One rater did not complete the form, commenting only that, "This is such a welcome activity at such a leisure time of year." Another rater found the Focus Bulletins detailed and well-researched, but not related directly back to the topic of at-risk children.

Conclusions

The students who were the focus of the STAR Process had experienced factors in their personal lives which may well have placed them at risk of failure in school. The group was relatively representative of the larger group of 35 students meeting the criteria for the State of Wisconsin's definition of at risk of failure in school, or had been referred to a multidisciplinary team or discussed at a student assistance team meeting. Seven of the nine students live in single parent families or families with step-parents. Six of the nine students have had documented or suspected cases of abuse or neglect as possible factors. Seven of the nine children display emotional or behavior problems. All nine have academic difficulties and related classroom problems. Three of the students targeted were primary level students. Two were in third grade and one was in kindergarten. The kindergarten youngster was not referred by the teaching staff. Although the STAR Process was conceptualized for primary and intermediate level students, Barrington and Hendricks (1989) suggest that the prediction of dropouts was possible with 70% accuracy as early as third grade by focusing on the composite scores of the Iowa Test of Basic Skills and the number of absences the child had from school beginning at the third grade level, with six or more absences and growing from there. The third grade level students were the earliest teacher referrals for consideration as children at risk of failure in school of the children focused upon by the STAR Process.

Kindergarten, first, and second grade teachers made no referrals for consideration.

The STAR Process allowed for a less time-driven free exchange of information, problem identification, intervention, solution strategy, hypotheses, and discussions than the highly regulated time-driven multidisciplinary team process put in place by Public Law 94-142 and Chapter 115 of the Wisconsin Statutes. The process allowed for each individual in the group to share hunches, suspicions, and hypotheses, and to make prognostications based upon the information presented and past experience in a format that was not evaluation and test result driven. The key to the process was finding a place to start, focusing on one aspect of the child, and one intervention that may lead to reducing the risk of failure for the child. The key factor in establishing the priorities of interventions and identifying a primary foothold for intervention was through the voting process. The voting process borrowed from the Nominal Group Process appeared to be a great equalizer within the group. Many of the participants complained about having to choose and rank interventions and seemed frustrated. At the same time the results appeared to be the results emanating from the total group, not just from one or two individuals who happened to have spent time in an evaluation setting or who are very verbal or powerful, as often happens with the multidisciplinary team or student assistance team process. It appears, however, that the evaluators only slightly preferred the STAR Process to the multidisciplinary team process. The process was time consuming. Many people had much to share. The process was easily twice as long as many multidisciplinary team meetings held at this school.

A key benefit of the STAR Process was the focus on intervention strategies that clearly would not have been arrived at, pursued, or attempted had not the STAR Stage One meeting taken place. As problematic as follow through on the part of parents and professionals in a timely manner was, the results were far superior to what would typically take place for these children. (For three typical examples by case file review, please see Appendix F.) Some parents were engaged and found that school officials were indeed willing to work with them to make school a better place for their child. Interagency cooperation was used at a higher level than the school psychologist has used in the past, and some students were better understood and nurtured by the professional educator. As a result, progress, slow as it may have been, was forthcoming.

It would appear that Focus Bulletins may not be the method of choice to provide educators with information on cognitive, social, emotional, psychosocial, and interpersonal development; however, the information was perceived in some instances to be new to the staff that responded, and for the most part "somewhat helpful" to "helpful", making the endeavor in and of itself worthwhile and hopefully provided the professional staff with a bibliography that will be a source for them in the future when considering the issues presented.

Some of the professional staff, in responding to the Focus Bulletins, believe that many of the areas could be whole courses in and of themselves, which is correct. Perhaps the challenge of Sigel (1986) will be for school officials to consider the importance of understanding child development on the part of their staff through a more formal process of inservice training, taking advantage of local university professors, videotape presentations, or prolonged inservice programs focusing on child development within the district at the primary and intermediate levels of education. In any event, something more concentrated than Focus Bulletins is needed. Until that comes to pass, however, in this school district a Focus Bulletin is likely to be an outgrowth of this practicum and made available to elementary educators district wide who choose to read what is presented.

Visitors to the STAR Process group from other schools, when youngsters were focused upon who may have transferred from other schools within the district, were impressed with the process as a decision making process and on one occasion asked that the STAR Process be put in place for the upcoming acdemic year in their school. This has been discussed with the principal and may come to fruition.

The STAR Process is a worthwhile method to consider when focusing on at-risk children for the purposes of continued intervention, as superficial at times as that intervention may appear to be. The Focus Bulletins do not appear to be an efficient method of imparting information regarding child development variables to faculty and may not be preferable to other forms of imparting critical information regarding children, child development, or factors which place children at risk of failure in school.

Recommendations

The writer has four specific recommendations. First, children in third grade can be identified as potentially being at risk for failure in school as Barrington and Hendricks (1989) suggest by focusing on composite achievement test scores and absences. Perhaps teacher nomination of students to the student assistance team for intervention may be another consideration during the third quarter of a child's third grade year.

Second, the systematic process of identifying specific interventions may well be a viable method of maintaining focus on children perceived to be at risk for failure. To maximize effectiveness, it will be important that this process be incorporated into the standard process operating within the school building for dealing with children who are experiencing difficulty in school.

Third, time seems to be the variable in education that has the greatest chance of being an asset or hindrance to serving children at risk - time to intervene, time to plan, time to organize strategies and measure their effectiveness, time to engage parents in a non-threatening, welcoming and warm manner, time to engage parents with the notion that school can be a better place for their child than it may have been for them.

Fourth, anyone choosing to use this method of intervention may wish to include the parent in the STAR Process group as an active participant. This may reduce the number of concrete intervention strategies in the area of improved communication.

Dissemination

The results of this practicum were shared in three ways. The first was the submission of a report to the Director of Pupil Personnel Services. Secondly, the writer provided the regional group of the Wisconsin

Association of School Psychologists Association a copy of the practicum abstract as a way of highlighting a method of intervention with at-risk children. Finally the writer submitted a copy of this practicum report to the regional service network representative of the Cooperative Educational Service Agency for distribution to other psychologists within the Cooperative.

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APPENDIX A

CHARACTERISTICS OF STUDENTS TEACHERS PERCEIVE AS POTENTIALLY "AT RISK"

K through 3rd Grade

FAMILY

1. Lack of parental support
2. Low income. educational level of parents
3. Broken family relationships
4. No parental discipline of child
5. Lack of parental guidance
6. Poor parent support
7. Excessive absence/tardiness
8. Poor nutritional habits
9. Lack of regular hours
10. Untreated medical problems

SELF

1. Self-esteem/Self-worth
2. High frustration level with school
3. No motivation
4. Short attention span
5. Poor school attitude
6. Poor work study habits
7. Frequent school rule violations

Relationships

1. Need for peer acceptance
2. Lack of respect for others

4th through 6th Grades

FAMILY

1. Low economic conditions
2. Broken families/single parent families
3. Low parental interest/negative attitude toward school
4. Low parent supervision/discipline
5. Frequent absence/tardiness
6. Child abuse
7. Frequent relocation

SELF

1. Poor study habits
2. Low or failing grades
3. Poor attitude toward authority figures, school academics
4. Poor behavior/sportsmanship
5. Lack of responsibility
6. Little or no motivation
7. Low self-esteem
8. Extreme preoccupation with members of the opposite sex to exclusion of academics
9. Failure to complete assignments
10. Poor time management
11. Chemical dependency
12. Minimal academic progress
13. Failure to adjust to new situation
14. Lack of self-discipline
15. Frequent school rule violations
16. Constant need for guidance and reinforcement

Relationships

1. Peer group which displays similar negative behaviors
2. Teasing from peers
3. Poor peer relationships

APPENDIX B

STAR PROCESS EVALUATION FORM

(Part A)

	Poor compared to M-Team	Not as good as M-Team	Same as M-Team	Better than M-Team	Superior to M-Team
1. How would you rate the STAR Process as a decision-making process?	1	2	3	4	5
2. How would you rate the quality of the interventions arrived at? What more could have been done?	1	2	3	4	5
3. How clear was the problem identification?	1	2	3	4	5
4. How would you rate the STAR Process compared to the M-Team Process?	1	2	3	4	5
5. Please state anything about this process that you think would add to it to make it a more democratic process of decision making.	1	2	3	4	5

STAR PROCESS EVALUATION FORM

(Part B)

Student ______________________________ Date Completed ______________

Mentor _______________________________

Evaluation Completed by ____

	No Change	Little Gain	Satisfactory Progress	Good Progress	Goal Attained
1. How would you rate the progress toward goal attainment with this child? What helped? What hindered?	1	2	3	4	5
2. Overall, how would you rate your satisfaction toward goal attainment for this child? Please explain.	1	2	3	4	5
3. How would you rate the quality of intervention for the child compared to past practice?	1	2	3	4	5

APPENDIX C

Detach and Return to Mailbox

- -

CHILD DEVELOPMENT AND RELATIONSHIPS

Evaluation of Focus Bulletin #10

Code Name ______________________________

Selection Codes:
1 - Did not help/I know most of this
2 - Somewhat helpful/I learned some new things
3 - Helpful/Explained some questions I had
4 - Very helpful/Provided me with new information
5 - Extremely helpful/I gained new knowledge

1. Did this handout provide you with information that was new to you? What?	1	2	3	4	5
2. Did this handout provide any information that was helpful to you? What?	1	2	3	4	5
3. Do you have a better understanding of:					
A. Children's thinking	1	2	3	4	5
B. The importance of play	1	2	3	4	5
C. The socialization process	1	2	3	4	5
D. Psychosocial development	1	2	3	4	5
E. Family dynamics	1	2	3	4	5
F. The importance of relationships	1	2	3	4	5

4. What should be emphasized more?

5. Is there a topic you would like researched and addressed? If so, what?

6. How could these Focus Bulletins be more helpful to you?

Additional Comments:

APPENDIX D

UNEXPECTED EVENTS

11/16	School Principal offered Central Office Position
12/08	Met with Assistant Superintendent about practicum to get support to carry out practicum regardless of principal change
01/04	Designated last meeting with outgoing principal
01/11	Acting Principal chairs multidisciplinary team meeting and explains role of day-to-day activities; Principal "in transition" will continue some duties; i.e., supervisor
02/03	Interest expressed in STAR group decision making process by high school; School Psychologist tries to get more regular educators involved in decision making about students at that level
03/08	First STAR Process group meeting schedule during traditional student assistance team "bumped" because the principal in transition had agenda items
03/15	Rescheduled STAR Process meeting again "bumped" Principal in transition ran meeting
3/22	Principal in transition again ran the student assistance team meeting
3/23	Teacher from another school shows interest and asks if the STAR Process group decision making model could be used at other elementary schools

APPENDIX E

FOCUS BULLETIN

Introduction

Many of you have been a part of the STAR Process meetings, and I would like to thank you for being willing to take the extra time to focus on certain children who have been found to be at risk of failure in school. Some of you have shared with me a feeling that sometimes creeps into my being as well. In essence, are the problems the child faces too large to overcome? Can we make a difference? Except for fleeting moments, I believe that school is a place that can and does make a difference in a child's life. The key becomes to have what takes place at school more times than not, more often than not, make a positive difference in the lives of as many children as possible.

Spady and Marx (1984) believe that a key to experiencing excellence in school happens when each learner is provided with the appropriate level of challenge which contains within it a realistic chance for success on a continual basis. Sigel (1986) suggests that to reach more children in school, the teacher may benefit by having more knowledge of human development, which would help assure a better curriculum task child match. Children come from a vast array of environments - some of which may have already placed them at risk for failure in school.

Some educators believe when children start school. generally one-third of them are ready to begin the academic rigors presented to them in kindergarten. One-third of the children can be directed to a more academic approach or would do well in a less rigorous environment. One-third of the children are not ready to take advantage of an academic environment and may struggle in a kindergarten environment which is academic in nature.

Somewhere in this mix of notions about children and school, happily most children are not at risk for failure in school. However, some children do remain at risk for failure in school. In an attempt beyond the STAR Process to help them, I have written a series of "Focus Bulletins". These bulletins will focus on children's thinking, play, psychosocial development, and socialization, and will touch on family dynamics which may affect performance in school.

To learn whether these Focus Bulletins have any potential to assist educators, I need your honest feedback. Please read each bulletin and fill out the accompanying evaluation form and return it to my mailbox. I have asked Evie to be the neutral party that has the list matching names and alias', and she has agreed to follow up with teachers so I get the feedback I need to see if this approach is helpful. With over a 90% return rate, I will spring for a pizza party. Fair enough?

Thanks for your help and support.

FOCUS BULLETIN #2

Children's Thinking

Elkind (1981) believes that children feel like adults feel, but children do not think like adults think. One of the foremost theorists on children's cognitive development was a Swiss psychologist names Piaget. Piaget was intrigued with why children and adults think differently and what caused human knowledge to change over time. Piaget found that children were active in their own cognitive development from infancy on. He noticed that children of like ages often gave similar wrong answers to adult questions and for similar reasons.

Ginsburg and Opper (1969) reported that Piaget presented the idea that children process information differently from adults and therefore have a different view of the world than adults. Because of this, their perception of reality is different from an adult's.

Peterson and Felton-Collins (1986) report that Piaget found that children's cognitive development progressed through a definite and fixed sequence of stages. The sequence is the same for all children. It is invariant, but progression from one stage to the next can be limited because of biological factors causing disability, and the last stage may not be obtained depending upon the child's culture. Also, some children progress through the stages sooner or later than their chronological age-mates.

The first stage of cognitive development (sensorimotor) is from 0 to 2 years of age. At this time children learn about the world by touching and using their senses and learning that things continue to exist even when they are not visible.

The second stage (preoperational) generally is from age 2 to 7; however, many children are still in this stage when they are 8 or 9 years of age. The intuitive sub-stage from ages 4 to 7 is when children have a tendency to focus only on one variable at a time perceptually. Concepts are defined based upon limited variables. They can't tell time on a clock face because the numbers stand for more than one thing. They are unable to learn to read phonetically because one letter has more than one sound and one sound can be more than one letter. Math computation is more difficult because of more than one variable; such as something times one or divided by one produces no change or plus or minus zero produces no change.

Children during the preoperational stage also are egocentric and have difficulty imagining what something looks like from another person's vantage point or knowing what another person feels.

Children also have difficulty reversing a process mentally and often have a static thought process where the child focuses on the state of the object now and cannot imagine a reverse or forward process.

The third stage (concrete operational) is generally from ages 7 to 11 (for many until adolescence). During this stage, children are beginning to think problems through mentally, but still in terms of concrete objects. The child is able to think in a less egocentric manner and is more decentered and can understand reversibility, explain cause and effect relationships, understand speakers with more accuracy, make plans using language, and can cooperate more when playing games and understand rules to more complex games.

The fourth stage (formal operational thought) begins at about age 12, when children begin to show the ability to think logically about hypothetical ideas. Some of the literature reports that something less than thirty percent of the children in this culture obtain this level of thought.

Children do not think like adults. Sometimes in the everyday classroom this is easy to forget. Kagan (1984), a developmental psychologist, believes that it is very important that adults try to understand each child's subjective frame of reference. As children grow and develop, intelligence tests may be able to suggest potential for a level of performance in school. Intelligence tests, however, will tell little about how a child thinks and may or may not give meaningful understanding of the child to those who work with the child in the classroom.

FOCUS BULLETIN #3

Children's Thinking:
The Executive Process

Kagan (1984) may agree with Piaget that there are significant qualitative changes in a child's thinking near the ages of two and seven. He is more optimistic about the problems children can deal with if adults pay careful attention to the child's subjective frame of reference. The child's subjective frame is the child's understanding of reality based upon experience. Careful observation and listening by adults are needed in order to gain an understanding of the child's subjective frame. In any given circumstance, children tend to try to please adults. Until the years just before pubescence, children often rely on language in context in their effort to communicate with adults.

How children approach academic tasks may to some degree be influenced by the socialization process. Kagan (1984) suggests that a child's subjective frame, to become impulsive or reflective in their approach to tasks, begins to take place during the preschool years as a result of the child's socialization to avoid error. Children socialized to avoid error often are more reflective in their approach to academic tasks. Children may react impulsively for a variety of reasons. Some ultimately in school may do so because they have little faith in their ability to solve problems presented to them, so their response frequently is an impulsive one.

Psychologists and others continue to struggle with the concept of intelligence - what it is and how to measure it. Gardner (1983) believes that there currently is evidence to suggest seven distinct intelligences that educators need to be aware of when working with children. Sternberg (1985) suggests a triarchic theory of intelligence. Kagan (1984) feels that some executive processes can be taught children to enhance thinking and improve school and vocational performance. Some of the executive processes are:

- The child must recognize a problem as a problem and generate some thoughts about solutions. This becomes broader in scope as a child becomes older.

- The child must be aware of what is needed to solve a problem and then match the level of intensity needed to solve the problem to the scope of the problem.

- The child needs to generate some strategies to do something about the problem once the problem has been recognized. The ideas generated about solutions and the level of effort needed to solve the problem must then be applied.

- Alternative strategies to problem solve must be generated. This usually is easier and happens more frequently as children grow older.

- As children grow older they are better able to control the anxiety they feel when they try to solve a problem. The effect of anxiety must be recognized and dealt with. This will improve the child's focus on the problem without being distracted.

- The child must monitor whether the behavioral effort is matching the notion of the correct solution to the problem and then make the necessary changes to balance the two.

Often, children who are at risk of failure in school have adopted an impulsive frame and have little faith in their problem-solving ability. It is more common than once believed for children at risk of failing in school to be depressed. Sometimes the impulsive, aggressive behavior by these children is complicated by depression. Counseling and other interventions can help; however, the notion of teaching executive processes to at-risk children may be a viable consideration for educators.

FOCUS BULLETIN #4

Children's Thinking:

Some Thoughts About Intelligence

Gardner (1983) gives credit to Piaget's work because it may be the best we have and it forces those of us who work with children to take them more seriously. He, like Kagan (1984), believes that the Piagetian stages are more continuous in their development and do not account for factors such as creativity. Some of the deficiencies in Piaget's theory are becoming evident. New theorists have stepped forward armed with a wealth of research data and assisted by sophisticated computer techniques not available to Piaget. Two such theorists are Gardner and Sternberg.

Sternberg (1985) and Gardner (1983) would agree that it is important to consider a child's intelligence in the context of the child's culture. All too often this is not the case presently. Children who display intelligent behavior by surviving on the streets have often been placed in programs for the retarded in school - perhaps in part because the tests were culturally biased. Apart from this common ground, however, there are significant differences in Gardner and Sternberg's theories about thinking.

Sternberg (1985) believes that intelligence deals with the acquisition of information processing abilities and performing goal directed activities when presented with novel situations. These then become automatic in the child's system of dealing with the environment. The evaluation of children using Sternberg's theory is on the horizon and may, when marketed, remind educators of a test more like present measures of cognitive ability than the method that Gardner is proposing.

Gardner (1983) suggests that there is evidence to support at least seven distinctly different intelligences. Unlike Sternberg, who synthesized huge amounts of data about intelligence, Gardner approaches the subject of intelligence through the study of prodigies, the gifted, brain injured, idiot savants, normal people, and experts in various fields and from various cultures.

Gardner (1983) focuses on linguistic intelligence and logical mathematical intelligence as two intelligences important in a post-industrial society. Schools presently tend to reward children with strengths in these intelligences by presenting curricular offerings in these areas weighted heavily in the variable of time. Other intelligences - musical intelligence, spatial intelligence, bodily-kinesthetic intelligence, intrapersonal intelligence, and interpersonal intelligence are provided less time within the curriculum for nurturing or are often the focus of after-school activities.

Gardner (1983) states that children's intellectual potentials could be identified early in life, and strong intelligences could be nurtured, and modest intellectual proclivities could be bolstered. This would be done to take advantage of the human brain's relative plasticity during the early years of life. For children preschool through middle school he believes that five to ten hours of observation over a one-month period of time while the child is engaged in regular classroom activities could provide educators with profiles of the various intelligences' strengths so the strengths could be nurtured.

If schools have been created to further human potential, then perhaps attention to Gardner's theory of multiple intelligences within schools would allow for success to those children with strengths in areas other than linguistic and logical mathematical. Perhaps attention of this sort would reduce the number of children at risk for failure because they too could spend a greater portion of their time in school functioning in areas of intellectual strength.

FOCUS BULLETIN #5

Play

Children learn naturally through play. Play is crucial to a child's development and assists children's development cognitively, academically, linguistically, socially, physically, and aesthetically. Glickman (1981) suggests that because schools do not use play in the curriculum to take advantage of a child's natural way of learning, this leads to children being uninquisitive, unhappy, and inactive in their learning at school. Some have suggested that adults forget 90% of what they read, but remember 85% of what they do. Like adults, children learn by doing.

The legitimacy of play within the curriculum, however, depends not upon what has been reported in the literature, but the political and social variables of the time. Presently the pendulum is swinging back in favor of play, and educators are being encouraged to use group activities within the curriculum. The National Association of Elementary School Principals recently presented a position statement favoring a significant change in educational techniques for children ages 4 to 8. They will encourage the use of activity-based instruction and move away from the more passive techniques used today. Glickman (1981) states that Rousseau was the first to suggest using the child's own inclination to question, act, and explore as the foundation for learning. Later experimenters included Pestalozzi, Froebel, and Montessori, and for disabled learners, Seguin. Play, as a method of learning in the classroom, has been accepted or scorned, but surfaces again and again when the questions focus on the best way to have children learn in a more meaningful way within the curriculum. Elkind (1987) has suggested that technology does not change human development, and children's learning does not pick up where adult learning leaves off.

Garvey (1977) suggests that play may not cause children to have better problem-solving skills, but noted that children who displayed imaginative behavior prior to task completion were better problem solvers. The possibility exists that play may assist children with the ease in which they can try new ideas or approaches when presented with problems. A child's ability to play may well promote appropriate behavior in the executive processes Kagan (1984) speaks of.

Erikson (1977) believes that play helps children gain control of reality and allows for productive encounters that help them to cope with and master problems of reality. He also believes play helps children look ahead to new mastery Erikson suggests that play is used by children to make up for past defeats and provides the psychosocial foundation for the gradual development of an independent identity. Play assists children in social differentiation by providing feedback which helps the child distinguish between good and shameful acts.

Some children found to be at risk of failure in school have difficulty playing.

Oftentimes children who are undercontrolled in their play are avoided by other children or excluded by other children in group play. Pettit, et. al. (1988) found that socially rejected children had more difficulty processing social information than popular children. One result of the processing difficulty was more aggressive behavior. Lerner, et. al. (1988) state that a key factor in predicting school success is aggression. Aggressive children, especially boys of preschool age, have difficulty establishing play relationships. Damon (1988) suggests that elements central to the development of moral behavior become established through play. He believes that reciprocity is a fundamental characteristic of social relationships. The give an take of social interactions allows children during play to develop social skills and provides a forum for learning moral standards.

Selman (1987) believes that children who have been unable to establish adequate play and social relationships can be taught social skills which allow children to progress from egocentric social interactions to collaborative efforts on activities if children are provided with appropriate interactive activities, social models, and opportunities to practice new behaviors.

Play also can assist children academically and will be explored in the next Focus Bulletin.

FOCUS BULLETIN #6

Play and Writing

Garvey (1977) suggests that as children grow, their play develops a level of competence with maturation and experience. As the child plays, play evolves into complex events less determined by the physical property of objects or materials and increasingly under the control of plans and ideas. A the child's world expands, play includes more people.

Parker (1983) states that Piaget's notion is that at the preoperational or symbolic stage of cognitive development children develop make-believe games making scenes of daily living activities that move to larger and more complex scenes during the concrete operational stage of cognitive development. At the formal operational stage of cognitive development, children invent their own codes and languages. Parker suggests that interpersonal and intrapersonal skills (intelligences according to Gardner (1983)) develop from make-believe games with respect for all authority during the preoperational stage to games with rules and concern about winning and losing during the concrete operational stage to concerns about higher moral concepts with concerns about justice in a more universal or abstract way.

Dyson (1987), over a 2-year period, studied students' verbal interaction in the classroom as they progressed from their kindergarten, first-grade experience through their first and second grade experience. Dyson found that children's verbal interaction, which often has been considered as off-task behavior, was instead rich with linguistic ideas and challenges between peers that often lead to interactions which allowed observers an opportunity to better understand the child's view of reality. Dyson believes that writing tasks in school promote reflective behavior, and it is when children are able to reflect upon verbalized interactions that higher level cognitive development takes place.

Daiute (1989) argues that the verbal interactions between students engaged in writing tasks is playful behavior, and in this context, play is a form of thought. She suggests that playful interactions between students working cooperatively offer opportunities for analysis, synthesis, and evaluation as children give and take in their dialogue as they engage themselves in writing tasks. Daiute studied children ages 8 to 11 by tape-recording their collaborative writing sessions and discerned a number of types of play used by children in their writing.

Daiute (1989) learned that children played with language by playing with sounds and meanings through sounds of alliteration, rhyming, and dialect. Children played with reality as well. They put themselves or friends in various roles, exaggerated, created foreign accents, and played roles by creating a variety of life styles and personalities. Children also played with knowledge in their writings. They would try out new concepts or facts learned from other study areas such as science or social studies and tried to weave these concepts into their writing. Daiute also noted interpersonal play through teasing and friendly competition, as well as interactive play as children collaborated to have an object do something. She found that the play of children varied from pair to pair with playful behavior by different pairs ranging from 7.5% of the verbal exchanges involving play to 60% of the verbal exchanges involving play. Suburban boys engaged in more playful exchanges than suburban girls.

The social interaction observed by Dyson (1987) in writing tasks was perceived as off-task because the children interacted informally during their writing times. Daiute (1989) observed children paired together purposefully in writing tasks and learned that through the social interaction of sharing ideas and challenging another's notion of reality, that children's thinking was stretched beyond their own experience. Play fosters growth in children's cognitive, language, and social development. Children at risk of failure in school often have poorly developed social skills. Some of the reasons for this and the results of poor social skills will be dealt with in the next Focus Bulletin.

FOCUS BULLETIN #7

Socialization

The socialization process begins very early in infancy. Tronick (1989) suggests that children as young as three months of age can experience lasting effects of care-giver interaction. At two months of age the human infant can distinguish between people and objects, and at ten weeks of age infants react to their mother's facial and vocal displays of anger. By ten months of age, infants can read their mother's non-verbal facial behavior and adjust their behavior based upon the mother's facial expressions.

Tronick (1989) believes there is evidence to support the theoretical notion of an effective communication system between infants and care givers. Within this system, infants actively seek to have their interactional goals met and go through a process of anger, sadness, and disengagement while interacting with the care giver, and it is dependent upon the sensitivities and capacities of the care giver.

The socialization process consists of many biological, cognitive, imitation, modeling, and reinforcement interactions which combine in shaping human infants, children, and adults into the people that they are. Guidubaldi (1969) perceives the child's reference groups (parents, peers, siblings, and teachers) as agents of the socialization process. He believes that through reinforcement and modeling the mechanisms of socialization are put into place. The intermediate products of the mechanisms of socialization and the agents of socialization are then standards and values which include the child's sex role, moral development, and achievement. The end products then become the child's ability to establish intimacies and competencies. The resultant feed-back from the environment the child receives then affects the child's self-concept and ultimately the child's mental health.

Hartup (1989) suggest that a child's social effectiveness comes largely from the child's experience in close personal relationships. He believes that through relationships the child develops knowledge about self and the world. This begins during the first year of life as the child establishes attachments to the care giver. This allows for the ground work to be laid for basic social skills. Essentially, in this vertical relationship with adult care-givers, the adult nurtures and controls the child and the child's interaction with the adult is submission and succorance. As the child ages, generally past the second year, the child begins to establish what Hartup perceives to be horizontal relationships.These relationships are with other children. As the child increases in age from 18 to 36 months, the interaction with other children becomes more frequent, exchanges increase in length, interactions between the two children become more interactive in nature, and there is some evidence of cooperative problem solving. Horizontal relationships and the importance of friendship will be discussed in the next Focus Bulletin.

In Hartup's (1989) notion of vertical relationships, oftentimes it is the child's mother interacting with the child in the establishment of vertical, social relationships. This is added to by the child's father, if the care giving he provides is different than the mother's care giving. The two interacting with the child will add qualitatively to the child's feelings of attachment and security. Hartup reports that there is some evidence to suggest that patterns of attachment hypothesized to have been identified very early in life are later seen as having effects on children six and twelve years of age. Children perceived to be securely attached to their care giver tend to have a more free-ranging access to feelings and memories. Where children are hypothesized to be avoidantly attached to their care giver, they seem to have difficulty discussing feelings and copying with separation.

There is mounting evidence that the quality of a child's attachment to an adult affects the child's ability to establish social relationships. Hartup (1989) suggests that the work of Sroufe and others indicates that successful attachments to an adult allows the child to possess more appropriate social adaptation which includes, for example, better self-monitoring, more symbolic play, and more sophisticated interpersonal negotiating skills.

Kagan (1984) suggests that in contemporary America, the socialization process takes place to achieve five abstract qualities. These qualities vary from social class to social class based in part on socioeconomic status and vary based upon the culture in which the child is raised. Generally, in contemporary America, Kagan believes that parents would like their child to be an autonomous being. Intelligence is valued along with humaneness and sociability. Along with these factors, American parents socialize their children to control fear.

Early aspects of establishing relationships and friendships and the outcomes and effects on children at an older age will be discussed in the next Focus Bulletin.

FOCUS BULLETIN #8

Socialization:

Interpersonal Relationships

Damon (1988) suggests that the child's ability to establish friendships is a key factor in the child's moral growth and development. A key aspect in relationship building that Hartup (1989) suggests, which is horizontal in nature, is that children, to establish relationships, must interact with other children in a culture where reciprocity is the norm. With the establishment of this two-way communication system, children can then make a commitment to one another. Generally, friendships are rare for children during the first and second years of life. Hartup suggests that when establishing friendships, children usually establish an equal power base which allows for the establishment of loyalty, the sharing of one's secrets, social equality, and a mutual understanding. Generally, friendships for children are same-sex relationships. There are some indications that as few as 5% of friendships are cross-sex relationships. In human interaction, cooperation and reciprocity emerges quite early. When children are successful at establishing these early friendships, they are freer to elaborate and extend their play and interact within cooperative contexts. Friends oftentimes disagree more vehemently:

however, they generally have greater facility to practice conflict resolution with one another, where this seems not to be the case with children who have difficulty establishing relationships. Damon (1988) suggests that it is within the context of friendship that children are able to develop social competence and acquire social skills. Children who experience difficulty in maintaining friendships are often at a disadvantage developmentally because they have less of an opportunity to practice appropriate social-emotional adjustment.

Damon (1988) suggests that children perceive kindness to another child as being qualitatively different than kindness to an adult. Kindness to a peer means that they are acting pro-socially to help the peer. Kindness toward an adult is expressed in a more subservient way of cooperating. If children experience difficulty in relating to other children in treating them with kindness, then oftentimes behavior which is perceived as aggressive may instill in children around the aggressive child a feeling of dislike toward that child. Hartup (1989) suggests that with the feeling of being disliked comes more aggressive and antisocial behavior. This in turn causes children more difficulty in socializing. Ultimately, as the field of potential associates and friends narrows, this results in children who are disliked tending to congregate together.

Hartup (1989) perceives that one of the reasons children have difficulty establishing appropriate social interactions is that oftentimes, if a child has a temperament that makes the child difficult to parent, some parents then act rather ineptly as socializing agents in the vertical sense. When combined with progressively limited social opportunities for social interaction, these children struggle in their social development.

Selman (1987) suggests that chldren can be taught interpersonal negotiation strategies. He suggests that children can be taught to move from egocenric interactions where children have absolutely no consideration for the feelings and thoughts of another child, to a stage of development where the child will be able to unilaterally interact with other children. The next stage is learning to relate to other children in a reciprocal manner which, when successful and with practice, leads toward eventual collaboration with other children. He suggests that as children move through these stages, at any given time they try to change their behavior in one of two ways: a social interaction to get the other child to change their behavior or a social interaction where they change their behavior in order to deal with the situation. Some children who are inhibited in their social interactions generally change their behavior when interacting with peers. Other children interact with peers and try to force the issue of having the peers change their behavior. When children can adjust their interpersonal behavior given a variety of circumstances, reciprocity has begun and skills are put in place that will allow for collaboration. Selman and his colleagues have worked with children in pair therapy. They put children in pairs, for example, by placing a child who always wants it his way (other transforming) with a shy or inhibited child who conforms or avoids social interactions (self transforming). Using a specific curriculum, this process has worked in teaching children interpersonal negotiation strategies to improve their social relationships.

Pettit, et. al. (1988) suggest that socially-rejected children have more difficulty processing social information than children who are perceived to be popular children. Selman (1987) suggests that in pair therapy, and specially arranged interactions in environments, children can learn appropriate negotiation strategies to assist in social relationships. Erikson (1978) suggests that children progress through stages of psychosocial development. An important stage takes place during the ages of six to eleven during the elementary school years when children become involved with other adult interactions than just the primary care givers. Children seek to establish themselves as industrious actors within the environment or can become inferior actors within the environment. This will be discussed in the next Focus Bulletin.

FOCUS BULLETIN #9

Psychosocial Development

Miller and Goodnow (1988) suggest that the belief systems each of us has about how children grow and develop is extremely complex. Generally, however, belief systems of parents vary by socioeconomic status. They suggest that parents of a higher socioeconomic status often have a better idea of more positive interactive parent behaviors to use with children. They suggest further that oftentimes people in a lower socioeconomic status tend to use their remembrances of being parented when interacting with children. Socioeconomic status alone, however, is a generalization. It is not the sole determinant of parent-child interaction and resultant social and psychosocial development. A host of other factors enters into this complex phenomenon. Radtke and Yarrow (1987), for example, suggest that parents who are depressed interact differently with their children than parents who are not depressed. In addition, they often send mixed messages to their children. They suggest that 15 to 20 percent of the adult population is depressed. Therefore, the probability of child-depressed parent interaction is quite strong. Bettes (1988) suggests that depressed mothers are slower at responding to their infant's verbalizations and has found that verbal responses to children up to 3 months of age need to take place within one second. Oftentimes depressed mothers take two to four seconds to respond to the infant. Therefore, there are ramifications for language development for the child based on this data. A host of other factors enter in as well - divorce, parenting style (authoritatian, permissive, and authoritative - which is found to be the most effective), alcohol and drug use by parents - the list goes on.

Within the context of child care giver interaction, Erikson (1976) suggests that children go through specific stages in their psychosocial development. He perceives that the time period from birth to one year is the time when the child is dealing with issues of trust vs. mistrust. He suggests that during this time period there is a need for the care giver to provide a consistency of experience for the child. This will lead to the stability needed to establish trustful relationships. Parenting or care giving which is inadequate, negative, or varies widely in its consistency may cause the infant not to trust the environment. Erikson suggests that during the child's 2nd and 3rd year, she goes through a stage of autonomy vs. doubt. During this time, the child will work to try out her own skills in her own way, which will eventually lead to autonomy. If the care giver or parent then provides an overprotected environment or does not provide a supportive environment, the child may then begin to doubt her ability to control variables within her environment or to control herself within the environment. Erikson suggests that the years from four through five are times when children are going through a stage of initiative vs. guilt. He believes that if a child is free to engage in activities, and if the parents and preschool teachers are patient in answering questions the child has and provide support, the child then is in a better position to take advantage of this freedom, which will lead to interpersonal and intrapersonal initiative. However, unneeded restriction of activities or treating a child as if her questions are not important may lead to assumptions of perceiving herself as a nuisance and generally experiencing guilt.

Erikson (1978) suggests that the elementary school years, ages six to eleven, involve opportunities for industry vs. inferiority. During this time, if the child is permitted to become industrious within the environment and receives encouragement and the praise necessary to feel good about accomplishments, the child will then find this reinforcing and will continue to be productive. However, if during this period of time the child is provided with limitations on the activities she is involved in and is criticized for what she has done or fails to meet with success. this will lead to feelings of inferiority and not being able to make it within the environment.

Children perceived to be at risk for failure in school may at any given point in time be dealing with any of these issues. Many of the issues that a child may be dealing with during the elementary school years may be issues from an earlier stage of development, all of which, when combined, may make it difficult for the child to meet with success during the school experience. If this is the case then, it is important that the total pupil personnel service team work with the teacher and parents to resolve the issues that may be affecting the child's performance in school and putting the child at risk. This is indeed a monumental task that takes great cooperation and dedication. The task can be done. Maybe the STAR Process can help in some way, but early intervention appears to be a key. In conjunction with this, children must be proivided with developmentally appropriate academic activities and adult support as they strive to become trusting, autonomous children with the initiative and industriousness necessary to be successful students in school.

The next Focus Bulletin will reflect on past issues of the Focus Bulletins.

FOCUS BULLETIN #10

The Focus Bulletin was created to present the reader with some notions about children's thinking, socialization, play, and psychosocial development. How a child is progressing in each of these areas will have a bearing on success in school.

How a child's thinking is perceived and theoretical concepts about intelligence and how best to measure it are important issues when considering potential for success in school. Play has been perceived historically as what children do when not in the presence of adults or important happenings. In actuality, it is through play that children learn naturally. The business of schools can be learned naturally through play by structuring environments, activities and groups which allow children to deal with all types of relationships. This approach to learning in schools may help reduce the risk of failure for some children.

As a child grows socially and morally, she moves from dependency in vertical relationships with adults to horizontal relationships with peers where the goals are reciprocity and collaboration. At school age, vertical relationships involve child teacher interactions. Teachers in our society help lay the ground work for creating an industrious, contributing member of society.

This expectation is put on educators regardless of the life experience of the child prior to or during school years. The challenges to the child and the educator are great and many children in this society make it because of the sensitivity, drive, demands, and nurturing of teachers.

As professional educators strive to assist children become industrious, it is important that the goals of education match the child's development cognitively, socially, emotionally, morally, and playfully. This match is becoming known as "developmentally appropriate curriculum". Children are qualitatively different each from one another, of course, with their own biological, developmental, and experiential circumstances. But generally two year olds are recognized as qualitatively different from younger children in all cultures according to Kagan (1984). Significant qualitative changes take place near the ages of six and twelve as well, which make these children qualitatively different from their past experience in how they think about variables they encounter in their lives. The challenge for the educator is to sort out where each child is in this developmental journey, because the variance is wide enough in age span, experience, and type of activity, that it is easy to make mistakes. Care must be taken not to put children at risk for no reason. Elkind (1987) says this is done through miseducation by demanding that children perform tasks before the underlying cognitive structures or understanding of relationships exist within the child. When this happens, a child is put unnecessarily at risk for failure in school.

In today's society there are far more variables that can lead a child to becoming an at risk child than it would be profitable to focus on, because that focus could become the debate rather than the child and the child's needs. There do appear to be certain factors, however, that when focused upon, may be effective in dealing with at-risk children. Some of these might be that it is important to understand that children's thinking is qualitatively different than an adult's way of thinking. As Elkind (1981) has suggested, children feel like adults feel, but children do not think the way adults think. Kagan (1984) has suggested that children who struggle in school can be taught certain methods of operating to solve problems which will allow them to meet with more success in school. Gardner (1983) has suggested that observation of how children approach their school work can lead to an understanding of how they learn best and suggests that we approach their learning by taking advantage of their strong intelligences. Others have suggested that the types of activities that children involve themselves in in school should be less teacher-centered and more activity-oriented. Children learn through actively doing rather than through passive abstractions. Parker (1983), Dyson (1987), and Daiute (1989) suggest that it is through playful behavior that children develop social skills and personal interactions which allow for them to expand their thinking skills and improve their writing skills. Damond (1988), Hartup (1989), and Tronick (1989) have suggested that social interactions and the social process are important to the child's ability to relate interpersonally. The inability to establish appropriate friendships or relationships may indeed put a child at risk for monitoring of their behavior and establishing friendships. Erikson (1976) has suggested that children go through psychosocial stages. It is important that the child meets with success in each stage if they are to grow to be trusting, autonomous, and industrious adults.

Perhaps the easiest way to deal with the issue of children being at risk for failure in school is to create and establish a preventative model which shares with parents and society in general the importance of early development in the lives of children. However, it is important as well, that those of us involved in education take advantage of each opportunity to focus on children who are struggling in school. Evaluation of what it is that we are doing to understand the child within the context of the curriculum and all environments of the child's life is necessary to make the interventions needed to assist as many children as possible as often as possible.

Thank you for you cooperation with the STAR Process and this Practicum Project. Thank you for your professionalism and your support in the past. I look forward to working with you in the future.

APPENDIX F

Case_Study_#1

Name - Judy

Date of Birth - 5/1/79 Grade - 3
Child lives with mother, one other sibling

When Judy entered school the Screening Test of Academic Readiness suggested a deviation IQ of 80. In April of her kindergarten year she was administered the Comprehensive Test of Basic Skills. Her normal curve equivalent scores ranged from a low of 26 in vocabulary to a high of 36 in language, which was the lowest score available on the test in the area of language.

The closing kindergarten report card suggested that she made progress in all areas except in demonstrating a positive self-concept. In speech and language skills improvement was needed. Judy could not hop or skip and was unable to kick the ball. Improvement was sought in the area of fine motor coordination and copying letters as well as self help skills such as dressing, zipping and tying, in listening and following directions, and in making good use of time and materials.
Judy could not state her name and address, write her name correctly and did not show interest in words. Closing Comments: In the cumulative record at the end of the kindergarten year suggested that Judy was very shy, timid, and afraid of new activities. She spoke in a quiet voice and needed much help and understanding. She needed encouragement to do any work and needed to be able to make more friends. Judy's first grade report card suggests that she tried hard during the first quarter and was a good worker but needed to slow down and take time to complete her work, making it neater. She seemed to get along well with peers. At the end of the first semester Judy was perceived to be making good progress in all areas. The quality of her work improved, but she was still encouraged to slow down, take her time and think. The year-end report card suggested that Judy made good progress, and she was beginning to apply more of her phonics skills at sounding out words. The conference note, as a result of the report card, suggested that Judy did not know many sounds nor how to sound out vowels, was perceived to be behind the rest of the class in achievement in all areas of math concepts to 12 as well as being quiet, cooperative, and in need of individual help. Year-end comments in the cumulative folder suggested that she had a good year but was academically behind peers, that at the end of the year she was working at mid-first grade level in all areas, that reading was difficult for her but she tried, and math was slightly stronger. Social behavior appeared to be more outgoing and friendly, and she was perceived as a hard worker who enjoyed school.

Her second grade report card suggested that Judy made satisfactory plus progress in reading - finishing the year in the reading series at the 2nd semester of the first grade level, with indications that she knew her basic sight words. In mathematics Judy was perceived of as needing improvement in work completion. She was working in a second grade textbook, and her effort was deemed satisfactory. In the area of communication she received satisfactory marks. In spelling her level of achievement appeared to be less than satisfactory but her effort satisfactory. In social studies her achievement was less than satisfactory with satisfactory effort. In science her achievement was satisfactory as it was in art, music, and physical education. Judy was perceived as needing to improve in completing assignments satisfactorily. During the course of the academic year conferences were held with the new foster parents, at which time the teacher discussed with the foster mother that Judy was becoming more fluent, but her seat work was done carelessly with many errors, and that she seemed to have very poor phonics skills. Although Judy could tell stories well for her journal, she could not read the stories, and could not repeat the stories back to the teacher. In math Judy was reported as using her fingers to do addition and subtraction problems to ten, and made frequent errors and needed directions in making corrections on her papers. In her work habits, it was perceived that Judy did her work quickly and was not careful. Her work was messy, and most second grade work was too difficult for her to do independently. The main focus of the conference was on Judy's relationship with her natural mother and whether her mother would leave Judy's step-father and whether the children would be returned to the mother. The focus was also on the fact that the social services was involved with the family. During the mid-year conference Judy was living with her mother. She missed the first meeting but showed up at a special meeting that was called. At this time good progress was noted in the reading program, and addition and subtraction to ten were becoming automatic. Although Judy was noted as usually finishing her work, it was usually noted to have many errors and was messy. Although Judy was perceived as friendly and outgoing, she had difficulty keeping her belongings cared for, losing her pencils, eraser, etc. The group standardized test information CTBS grade level 2.1 date 10/1/87 NCE's: Word Attack 19, Vocabulary 42, Comprehension 20, Total Reading 27, Spelling 21, Language Mechanics 23, Language Expression 20, Total Language 18, Math Computation 25, Math Concepts and Application 29, Total Math 26, Total Battery 18, Science 24, and Social Studies 11. Essentially most areas tested indicated non-mastery except for cluster diagraph/words and the word attack section in language expression nouns, in math concepts and applications problem solving and geometry. Closing comments in the cumulative records suggested that Judy was friendly and talkative, becoming a better reader although below grade level, beginning to think at this point in time about spelling and writing in her journal, and that she has not mastered time, money, and renaming in math and often needs manipulatives to do addition, subtraction and multiplication. Judy appeared to be impulsive in her work, making many errors. The emotional turmoil based on her present family situation was alluded to. It was during the second grade year that Judy was referred to the multidisciplinary team. This will be discussed later.

Toward the end of the first semester of Judy's third grade experience she transferred to the school using the STAR Process. The end of the first semester grades suggested that Judy's achievement level was less than satisfactory in reading and needed improvement in all other areas. Judy was referred to the student assistance team by her teacher and at that time it was decided that in that the previous school had already completed an evaluation that those results would be reviewed and the student assistance team would convene to discuss the next step.

During the multidisciplinary team evaluation in second grade, Judy was seen by a speech and language clinician, a learning disabilities specialist, the school psychologist, and the school social worker. The results of the multidisciplinary team suggested that Judy had difficulty in reading and writing and indicated that Judy had been placed in foster care, reviewed the traumatic events that had happened in her life, and suggested that these events played such a strong part in Judy's life that testing was perhaps inaccurate because of the emotionality of Judy's current life circumstances. She was not perceived to be eligible for placement in the learning disabilities program. Outside counseling was suggested, and it was felt that Judy would be best served in the regular classroom rather than in a program for the emotionally disturbed.

The school social worker's report indicated that Judy was one of two children of a divorced family whose mother remarried when Judy was 7 years of age. Judy and her sibling were both placed in foster care for a period of time because of reported physical abuse on the part of the stepfather. Judy's natural father stated upon divorce that he would have nothing to do with his children and has held to that to date. Judy's mother reported that her present husband is abusive, specifically to her children. He has a substance abuse problem, and his behavior is often violent. Developmental history of Judy suggests an uncomplicated pregnancy, normal birth weight, and a healthy child who has met the developmental milestones appropriately. The social worker, in talking with Judy on several occasions, found that she was terrified of her stepfather and had suffered verbal abuse from him. Although he is in and out of the home frequently, the abusive behavior patterns tend to repeat themselves. As a result of this, social services became involved and removed the children from the home.

The school psychologist, when testing Judy with the Wechsler Intelligence Test for Children Revised found a full scale IQ of 81 which he hypothesized to be inaccurate due to Judy's situation emotionally. On the Wide Range Achievement Test the standard scores were 64 in reading, 74 in spelling, and 56 in arithmetic. The school Psychologist perceived the results to indicate an adjustment reaction manifested by a lot of anxiety and emotional ability, probably secondary to her difficulties in the home environment. The parent was strongly recommended to consider therapeutic treatment, and it appeared that no exceptional educational needs existed. Speech and language testing would seem to suggest standard scores consistent with the school psychologist, and the learning disabilities teacher found standard scores consistently in the 70-80 range as well.

After reviewing the records and the past actions taken on Judy's behalf, the student assistance team deemed it appropriate not to again evaluate for any area of special education, and Judy was referred to the regular education classroom, at which time it was decided to focus on Judy through the STAR Process. At the STAR Process meeting, the problem presented was simply that Judy was not making it in school. She was physically present, but not available for instruction. She was perceived as unkempt, not clean, inappropriately dressed, and although involved socially with peers, peer relationships appeared to be triangular in scope with much peer disruption in relationships. Reviewing the history of Judy's case, the STAR Process group focused on the home environment as interfering with school performance. Judy seemed to be guarded when tested which appeared to influence the results of the testing. The fact that Judy was in foster care as a result of abuse was noted. The family's involvement with the Women's Community and Social Service Agency was noted as well as the fact that she was now living at home and in school presented a child who was missing many of the skills that were taught in earlier grades. Hunches arrived at by the STAR Process group were that Judy was a fearful child. She appeared to the group to be a survivor, a streetwise youngster who appeared not to be functioning well intellectually. She seemed insecure, suffering low self esteem, essentially not available for instruction, and lacking social skills and strategies for problem solving. The following interventions were suggested:

(1) Get the Department of Social Services actively involved with the school officials; (2) Pursue providing a

parent aid in the home to provide the mother with help; (3) Judy needs success in school to get some school work done; (4) Counseling should be provided (in home); (5) Judy needs one person to talk to and trust - a mentor; (6) Judy should be referred back to the Writing to Read Program; (7) A tutor/volunteer should be provided; and (8) Judy should be supported with language, and educators should expect performance from her.

The priorities established by the STAR Process voting method for the interventions suggested is as follows: (1) Pursue parent aid assistance in the home; (2) Get the Department of Social Services actively involved with the school; (3) Structure success in the school so that Judy can get her school work done; (4) Arrange for counseling (in home) preferably more than one hour per week; (5) Create the role of a mentor so that Judy has at least one school adult she can talk to and trust; (6) Place Judy in the Writing to Read Program; and (7) Support Judy verbally and expect school performance. The STAR Process group assigned the school social worker to pursue accomplishing the first intervention. Upon contacting the Department of Social Services and working with them, it was learned that the Department was working on plans presently to wean the parent from interactive assistance in the home and also learned that the parent had moved into a home with an older sister who was providing some assistance, guidance, and structure to the home environment. The representatives of the Department of Social Services agreed to meet with the members of the STAR Process group to discuss cooperative involvement, and Judy's mother was invited to become involved in this process as well.

Judy's mother's social worker and mother met with the STAR group participants. A process was set up so that a daily report card system would be put in place to be monitored by Judy's mother so she could see what has been accomplished in school. It was learned at the time of the meeting that Judy's mother is dyslexic and is essentially unable to help her children with any school work. A communication system was worked out with the mother to make school/home communication easier. Also, further counseling was pursued for Judy, and her mother agreed to pursue the individual and family counseling which she had been rather lax at pursuing in the past. The school officials created a mentor role filled by the acting principal to befriend Judy, and Judy's classroom teacher, although choosing not to use the Writing to Read Program intervention, did instead arrange for Chapter I reading assistance. The classroom teacher then specifically focused on Judy in providing her support verbally and expecting school performance as well as structuring success in school so that she could meet with success.

In evaluating the success of the STAR group intervention, the teacher, acting principal, and psychologist rated the results. Regarding Intervention #1, the information obtained as a result of the parent conference and talking to social services negated the need for a parent aid in the home. Intervention #2 - get social services actively involved with the school - was perceived as goal attained with satisfaction regarding the goal attainment and the quality of intervention compared to past practice. Intervention #3 - Structure success in school to get work done - Judy's teacher noted little gain in that area. Although the process set up with the mother worked for a short time, Judy would forget her books at home, had difficulty being responsible for following through with the process, and eventually the process fell apart. Judy's mother would sign stating that she had seen the follow up information, but there seemed to be no change in behavior as a result of the process being established. In rating satisfaction toward goal attainment, the teacher again noted little gain, although the process set up did help in the beginning. In rating the quality of the intervention compared to past practice, the teacher rated the intervention as making good progress because "we did something". Intervention #5 - assign a mentor to be a special friend - the person rating this intervention suggested a rating of good progress. The mentor was pleased with the progress and was pleased with the behavior change with Judy's mom in that she now seemed to feel comfortable coming to school to handle school matters, coming to the office, and was pleasant and personable as opposed to being rather hostile during the beginning stages of the STAR process. In rating overall satisfaction toward goal attainment for the child, the rater felt satisfied with the progress. Rating the quality of intervention for the child compared to past practice, the rater suggested good progress in that she felt that Judy knew there was a concern for her and that people at the school were there to help her and not just there to pick on her or hassle her about schoolwork. Intervention #6 placed Judy in the Writing to Read Program. This intervention was not attempted. Instead, Chapter 1 was utilized. Intervention #7 - Support Judy verbally and expect school performance - was rated as goal attained in all three areas. As a result of the classroom teacher's interaction with Judy, she began to perform in school and would at least try to do her school work in a way that was at times less impulsive, careless, and would try to present things that were written and would attempt to read things - sometimes as many as two or three times. One of the closing tasks at the end of third grade is to ask students to write a letter to incoming third graders for the next year and tell them things that it's important to know when entering third grade. The letter from Judy emanated the warmth and respect that she felt for her teacher and the fact that doing school work and learning to read was fun.

Judy's ending third grade report card suggested a reading textbook level of third grade, first semester, with improvement needed in effort. Mathematics appeared to suggest a satisfactory level in effort and achievement; there was a need for improvement in the area of communications and less than satisfactory in the rate of achievement. In spelling, effort needed improvement, and the achievement level was less than satisfactory. The report card in essence showed some gains in the area of math. Year-end comments by the third grade teacher suggested that Judy listens but has difficulty applying what she is asked to do and what has been taught. Her school performance continues to be very low. Although she completes her work, rarely is it done correctly. Her independent work habits remain poor and she has had some social problems. Although she has received extra help in reading and math, there seems to be little follow through. It was noted in the record that although Mom is unable to help her children because of her own learning problem, she was cooperative.

Case Study #2

Name - John

Date of Birth - 2/8/83 Grade - Kindergarten
Child lives with mother and one other sibling

John was referred to the school district's Early Childhood Program at 3 years of age from the Health Care Center Early Intervention Program which John had been in since 15 months of age. John was referred to the Early Intervention Program because of slow development and social services' concerns regarding his mother's intellectual and adjustment prowess for child rearing. John was perceived to have difficulties in the area of receptive and expressive language. In the Early Childhood Program the long-range instructional objective was to increase his articulation syntax, verbal expression, cognitive abilities, and readiness skills to his ability level. During the education experience in the Early Childhood Program John was provided the services of an occupational therapist to improve fine motor functioning and gross motor functioning and self-help skills. Year-end Evaluation - The first year of preschool suggested school readiness at the 5th percentile, direction and position concepts at the 9th percentile, social and emotional development at the 50th percentile, size, texture and material functioning at the 30th percentile, understanding of quantity at the 16th percentile, and total functioning near the 10th percentile. The long-term goal for the next academic year in the Early Childhood Program was to function adequately within the classroom, improve his motor skills, and self-perception. Evaluation by the school psychologist during the second year of preschool suggested that although John was socialized to the classroom routine and seems to have a strength in comprehending oral language and a weakness in visual motor coordination and psychomotor dexterity, it was hypothesized that John was experiencing difficulty in the area of socialization, and his behavior was perceived quite odd due to the parroting responses and inappropriate interaction with the examiner which included hiding on the examiner on the way to the examining room, hiding under the desk or table in the examining room, and deciding when he would or would not participate in the evaluation process. The results of the intelligence test at that time suggested intellectual functioning near the 12th percentile.

The results of testing by speech and language clinician and occupational therapist during his early kindergarten experience suggested a need to continue in the speech and language program and the occupational therapy program. In the classroom John is perceived to be problematic both in his behavior and his lack of understanding of the specific directions regarding academic tasks. He has been noted to interrupt children while they are playing, to take their art project or activity and do damage to it. This is done not necessarily impulsively nor maliciously, although sometimes both seem to be the case. John has the ability to play with other children, to listen to stories, and to concentrate at appropriate times, but generally socially seems to have difficulty relating to children and adults. John's developmental history as reported did not indicate any abnormal developmental processes; however, behaviorally, socially, intellectually, interpersonally, as well as language and motor skills, John is significantly different from his peers. John was referred to the STAR Process group for the purposes of determining what action should be taken during the first grade school year. The problem stated was that John continues to have poor interpersonal skills. He will poke other children and take things from them. He has difficulty regulating his behavior in the classroom, which leads to instances of speaking out of turn. His adaptive behavior, however, appears to be good at times. He is, though, egocentric, which sometimes causes difficulty in getting along with others. When combined with his speech and fine motor difficulty, this causes him problems socially. During the STAR group process the hunch that STAR group members had was that it is possible that John has not had the nurturing necessary for more adequate growth and development along with the possibility that he may be experiencing physical and neurological difficulties which cause him to act significantly differently from other age mates. The interventions suggested as a result of the STAR group process were (1) Having a social worker visit John's home while he was present to gain insight into parent and child interaction; (2) The classroom teacher and regular education teacher might need more aid time to assist John in a regular classroom routine; (3) Play therapy should be considered to assist John with social skills; (4) John should have his hearing checked; (5) John should again be referred to the multidisciplinary team for an evaluation in the area of learning disabilities; (6) John could probably benefit from summer school, but it seems unlikely that he will be able to because there is no transportation; and (7) There appears to be a need for a neurological work-up. As a result of the STAR Process voting, it was determined that the interventions should take place in this order: There appears to be a need for a neurological work-up. John should again be referred to a multidisciplinary team for an evaluation in the area of learning disabilities. John could benefit from summer school, and transportation should be arranged. John should have his hearing checked. The school social worker should visit John's home while he is present to gain insight into the child parent interaction. The classroom teacher in regular education may need more aid time to assist with regular work. Finally, play therapy should be considered to assist John with social skills.

As a result of the STAR group process, the first intervention selected was arranged by the school psychologist dealing with social services and John's mother. The goal was attained. The overall satisfaction toward goal attainment was rated as goal attained, and the quality of intervention compared to past practice was rated as good. The second intervention - refer to the multidisciplinary team - will take place during the fall of the 1989-90 academic year. The third intervention - John could benefit from summer school - This intervention was arranged by the school psychologist in working with the Department of Social Services to obtain transportation, working with the summer school officials to have his registration accepted for the summer session, arrangements with the kind-hearted teachers aid to provide transportation one way for the duration of the summer school, and by working with John's mother, who was most cooperative. This intervention was rated as goal attained in the area of progress toward goal attainment, satisfaction toward goal attainment and the quality of intervention compared to past practice. Intervention #4 - Have hearing checked - This will be pursued during the beginning of the 1989-90 academic year. Intervention #5 - Social Worker should visit home - This was accomplished by the school psychologist rather than the school social worker. John and his mother's interaction is, for the most part, appropriate. However, there are occasions when John complies only at times and in ways that are pleasing to him and convenient to him. It seems at times that he overpowers his mother strategically and conceptually. By and large it appears that John does what he wants in the arena of who he plays with, when he plays with them, and how he plays. His mother is, at this point in time, successful at controlling greater aspects of parenting in that he will usually follow her directions when he is in her presence. Intervention #6 - More aid time - This intervention has not been attempted, but will be scheduled for the fall. Intervention #7 - Play therapy - This intervention has not been attempted pending the results of the neurological evaluation.

Case Study #3

Name - Mary

Date of Birth - 6/16/79 Grade - 4
Child lives with mother and possible live-in boyfriend

Mary was referred for the STAR Process by her teacher because he was concerned about her lack of progress in school and unwillingness to do much if any school work. The teacher had tried to encourage the child's mother to attend conferences and as of two report card and parent conference sessions, Mary's mother had not responded. Essentially, Mary's mother has not been available to school people. During the STAR Process, the problem stated was that Mary was a congenial, seemingly happy child who appeared carefree. She does not have many friends, and she will not do her school work. She has stated this to her teacher. When confronted with her lack of effort or work completion, she essentially says what is on her mind to the teacher and has no difficulty sharing what is on her mind with other children as well. Although saying she will comply with the teacher's request, she does not follow through. Historically it appears that Mary is an only child. Her mother works long hours in a rather strange shift beginning at 5:30 in the evening until 3:00 in the morning. During the week it appears that Mary spends the night at a baby sitter's house, although it is purported that there is an adult male who lives in the home with Mary and her mother. Mary will write her teacher notes about how much she likes him, how much she likes to be in his class, and how much she enjoys the class. Although the teacher finds it hard not to like the child as a person in return, Mary is getting further and further behind in her school work. An analysis of the cumulative data showed that when Mary entered school, the screening test of academic readiness suggested a deviation IQ of 110. In April of her kindergarten year she was administered the Comprehensive Test of Basic Skills.

CTBS K.7 4-85

	NCE
Word Attack	71
Vocabulary	66
Comprehension	87*
Total Reading	83
Language Expression	67
Math Concepts & Application	80

Partial Knowledge of:	Mastery of:
Vowels/Pictures	Initial Consonants/Words
Final Consonants/Words	Oral Comprehension/Words
Sight Words	Passage Detail/Pictures
Oral Categories/Words	Passage Analysis/Pictures
Oral Definitions/Words	Nouns
Sentence Formation	Numeration

Non Mastery: Sentence Patterns

These results indicated that Mary was scoring near or better than 1 standard deviation above the mean. At this time Mary had mastery in the area of Initial Consonants, Oral Comprehension, Passage Detail/Pictures, Passage Analysis/Pictures, Nouns, and Numeration. Mary had partial knowledge in Vowels/Pictures, Final Consonant/Words and Sentence Formation. Mary had non mastery in the area Sentence Patterns. At the end of kindergarten her teacher perceived her to be very serious, however having a sense of humor. She appeared to be very deliberate about what she did in the classroom, got along with peers, and was anxious to please. Report card comments in kindergarten suggested that she sought assurance in doing right, gets at things when she decides she is ready, and generally she made satisfactory progress, with the weakest area in the area of making progress in sizes and positions.

In grade 1 the report card comments suggested that she was pleasant, quiet, had difficulty staying on task, was easily distracted, she needed to improve her work habits, and seemed somewhat careless in comprehension. The comments at the end of 1st grade suggested that she was friendly, pleasant, cooperative, communicated freely with her peers, did not always work up to her potential and needed to improve her work habits and to use her time more efficiently. At the time it was perceived that she responded well to praise and encouragement.

In second grade the report card comments suggest that Mary appeared to be occupied with other things and hadn't seemed to focus her interest in school learning or take things seriously that needed to be done to meet the requirement. The teacher perceived that she had the potential but needed to take charge of her own life better and exhibit better self direction and choice regarding what she needed to do. She seemed to be slow with basic facts in math and appeared to demonstrate a willingness to get by if she could.

The Comprehensive Test of Basic Skills at the end of second grade suggested that most scores hovered around 50, except in the area of Math Concepts and Applications which was near a standard deviation below the mean.

CTBS 2.1 10/86

	NCE		NCE
Word Attack	48	Math Comprehension	53
Vocabulary	59	Math Concepts & Application	31
Comprehension	48	Total Math	46
Total Reading	52	Total Battery	53
Spelling	59		
Language Mechanics	68		
Language Expression	49		
Total Language	57		

Non Mastery

Diphthong/Variant Vowel

Character Analysis
Main Idea
Generalizations

Medial Vowels
Numeration
Measurement

Mastery

Sentence Patterns
Adding Whole Numbers
Zoology
Physics
Geography
Economics
Political Science
Sociology

Partial Knowledge

Syllables/Roots/Affixes

Unfamiliar Words in Context
Passage Details
Period/Question Mark/Exclamation Point/Comma
Nouns
Pronouns
Verbs
Adjectives and Adverbs
Sentence Formation
Subtract Whole Numbers
Problem Solving
Geometry
Ecology
Chemistry
History

These test results suggested that Mary had mastery in the area of sentence patterns (which was only area of non mastery at the time of the kindergarten testing), adding whole numbers, zoology, physics, geography, economics, political science and sociology. Mary exhibited partial knowledge in syllables/roots/affixes, unfamiliar words in context, passage details, period/question mark/exclamation point/comma, nouns, pronouns, verbs, adjectives and adverbs, sentence formation, subtracting whole numbers, problem solving, geometry, ecology, chemistry and history. Mary seemed to display non mastery in the area of diphthong/variant vowel, character analysis, main idea, generalizations, medial vowels, numeration and measurement.

Year end comments by the teacher at the end of second grade suggested that Mary was a different learner. That she learned by doing and seeing what she was doing and had difficulty with verbal and work book learning. The teacher perceived that it was hard for Mary to keep her attention focused when she could take charge of her work she seemed willing to do so. The teacher suggested that she enjoyed the use of Logo on the computer. Generally Mary's report card suggested adequate achievement, except in the area of spelling, where she needed improvement in the last two quarters.

The report cards from third grade suggested that Mary tried to be well liked and cooperative. She seemed to have a need to improve her skills and written communication and she was not using class time effectively to complete assignments. The teacher perceived that Mary could improve her quality and neatness and seemed to need practice in writing math facts, and felt this should take place at home. The teacher felt that Mary had not put much effort into school and needed to use her time more productively to complete assignments. Teacher comments at the end of the third grade suggested that Mary was friendly, outgoing, well liked, but had difficulty staying on task and often spent time drawing or daydreaming. She seemed to continue having difficulty with spelling and penmanship and at that time seemed to not have difficulty grasping math facts, in fact she was perceived as grasping them quite easily and she didn't seem to be experiencing any difficulty in the area of reading skills, but she did work slowly.

The fall Comprehensive Test of Basic Skills testing in Grade 4 suggested that Mary's achievement scores tended to hover around 50, except in the area of language mechanics, math, computation, and total math scores. At this time her total battery score was a NCE of 43. This testing suggested that Mary showed mastery in the area of consonants, vowels, quotation marks, nouns, pronouns, sentence recognition, and sentence combining. Mary demonstrated partial knowledge in the area of same meaning, unfamiliar words in context, multi meaning words, missing words in context, meaning of affixes, character analysis, writing techniques, structured units, period, question mark, exclamation point and comma, adjectives/adverbs, number theory, book parts, and library skills. Mary's test results suggested non mastery in the area of passage details, main idea, generalizations, written forms, the pronouns I/nouns/adjectives, beginning words and titles, sentence formation, topic sentence, sequence, adding whole numbers, adding decimal points and fractions, subtracting whole numbers, dividing whole numbers, numeration, number sentences, problem solving, measurement, geometry, and dictionary skills.

During 1986 Mary's parent received a letter stating that Mary had missed four days and had been tardy up until that point and recalled that during the 1985-86 academic year Mary had missed 11 1/2 days of school and had been tardy 19 times. The hunches by the members of the STAR group process were that Mary essentially didn't know where she belonged or doesn't know what is expected of her. There are questions by the STAR Process group about Mary's security and questions as to whether or not her security needs are being met, which is essentially a very basic need. The referring teacher perceives Mary to be a child who is growing like a weed without any gardener to do the cultivating. The results of the STAR group process were (1) To review the cumulative record to see what has been done to assist Mary in school; (2) To somehow get mother into the school or go to the home in order to establish some sort of relationship; (3) To pursue seeing if there is any case for neglect by talking to the Department of Social Services; and (4) To observe and chart the child in the classroom in order to rule out any possible attention deficit disorder.

Intervention #1 was scored as having the goal attained; however, as a result of going through the records, the rater did not perceive any satisfaction toward change or goal attainment for the child and found no change in the quality of the intervention compared to past practice. Intervention #2 to have mom come to school or go there - This happened as a result of the school psychologist mailing a certified letter to the parent requesting a parent conference. As a result, Mary's mother did come to school. The psychologist perceived the meeting to be beneficial and helpful. This is a helpful first step for a parent who refused to become involved in any aspect of school. The referring teacher perceived that there was no change as a result of this and rated satisfaction toward goal attainment as no change in quality of intervention compared to past practice. The school psychologist disagreed with this rating and felt that the goal had been attained in getting the mother to school to discuss her daughter and thought there was good progress toward satisfaction toward the goal and quality of the intervention compared to past practice. Intervention #4 - Observe the child in the classroom to rule out an attention deficit disorder - It appears that this goal was attained, and satisfactory progress has been made toward the teacher satisfaction toward goal attainment and intervention compared to past practice. However, the teacher felt that it was too early to tell what fruition would happen as a result of the process, but felt that school officials were on the right track.

In conferring with the school social worker who did the observation, it is apparent to the school social worker that the child may be a candidate for attention deficit disorder without hyperactivity. It appears that on the occasion she was observed she was off task as much as 90% of the time.

As a result of the meeting with Mary's mother, permission was obtained to begin certain psychometric diagnostic techniques for the purposes of trying to better understand Mary. The evaluation process has been completed, and the results will be discussed with Mary's mother prior to the 1989-90 academic year so that a plan can be formulated and a referral to a neuropsychologist be initiated to follow up on the possibility of an attention deficit disorder.

APPENDIX G

CALENDAR

12/19/88	Approval to implement
12/22/88	STAR group decision process introduced to student assistance team
01/04/89	STAR discussed with student assistance team in more depth
01/11/89	Discussed notification of STAR Process to faculty
01/16/89	Memo to faculty regarding STAR Process and "Focus Bulletins"
01/19/89	First STAR meeting
01/25/89	Began interventions
01/30/89	STAR meeting
01/31/89	STAR meeting
02/01/89	STAR meeting
02/08/89	Reviewed STAR student progress
02/15/89	Met with Department of Social Services
02/20/89	Parent conference
02/22/89	Social worker involved with STAR student
03/01/89	Met with parent; presented student for STAR Process; intervention discussed
03/06/89	STAR Process meeting
03/07/89	Parent permission received
03/08/89	STAR meeting scheduled and cancelled
03/09/89	Parent meeting
03/10/89	Parent permission
03/13/89	Parent permission
03/15/89	Proposed plan for tutor; STAR meeting a.m. cancelled; STAR meeting p.m.

03/20/89	Student sessions
03/22/89	Mentor assigned; checked on plan for tutor; student sessions; referral for testing
04/03/89	Student sessions
04/05/89	Student sessions; check on academic progress
04/05/89	Focus Bulletin #1
04/07/89	Focus Bulletin #2
04/10/89	Letter to parent
04/12/89	Social worker to review case; student sessions
04/13/89	STAR Process meeting
04/14/89	Focus Bulletin #3
04/17/89	Parent conference; student sessions
04/18/89	Parent signature received
04/19/89	Met with teacher; case progress reviewed; individual conference; student sessions
04/21/89	Focus Bulletin #4
04/26/89	Parent meeting; student sessions
04/28/89	Focus Bulletin #5
05/01/89	Student sessions
05/03/89	Arranged neurological testing; met with teacher about student programs; student sessions
05/08/89	Focus Bulletin #6
05/08/89	Student sessions
05/10/89	Parent meeting
05/12/89	Focus Bulletin #7
05/15/89	Student sessions
05/17/89	Student assistance team

05/19/89	Focus Bulletin #8
05/19/89	STAR Process meeting
05/24/89	Consulted with Department of Social Services regarding summer school transportation, medical assistance needed for neurological evaluation
05/25/89	Focus Bulletin #9
05/26/89	Met with Director of Pupil Personnel Services regarding student
05/29/89	Focus Bulletin #10
06/02/89	Teacher interviews
06/08/89	Focus Bulletin evaluation
06/09/89	Department of Social Services conference
06/12/89	Negotiate summer school; line up transportation
06/28/89	Consult with parent regarding neurological evaluation
07/05/89	Mail parent highlighted reports and letter of questions for the psychologist
07/18/89	Review records from psychologist
07/20/89	Mail out rating scales to last year's teacher and summer school teacher
07/28/89	Contact parent regarding referral of child for evaluation